

SCHOOL OF TOMORROW®



PHILIPPINES ☆☆☆

PAPCON

PASTORS, ADMINISTRATORS, AND PRINCIPALS' CONFERENCE

REGISTRATION FORM

NAME OF SCHOOL:		NAME OF ADMINISTRATOR/PRINCIPAL:
NAME OF CHURCH:		NAME OF PASTOR:
ADDRESS:		CUSTOMER NUMBER:
TELEPHONE #:	FAX #:	EMAIL ADDRESS:

(PLEASE FILL IN DELEGATES COMPLETE NAME CLEARLY.)

NAME	DESIGNATION
1.	
2.	
3.	
4.	
5.	
6.	

CONTACT PERSON: _____ TOTAL NO. OF DELEGATES: _____ TOTAL AMOUNT: _____