

**SCHOOL OF TOMORROW<sup>®</sup>**



**PHILIPPINES** ☆ ☆ ☆

# PAPCON

PASTORS, ADMINISTRATORS, AND PRINCIPALS' CONFERENCE

## REGISTRATION FORM

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

OPTION 1

OPTION 2

(PLEASE FILL IN DELEGATES COMPLETE NAME CLEARLY.)

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

CONTACT PERSON: \_\_\_\_\_ TOTAL NO. OF DELEGATES: \_\_\_\_\_ TOTAL AMOUNT: \_\_\_\_\_