SMX CONVENTION CENTER,

SM LANANG PREMIERE, DAVAO CITY



DELEGATE REGISTRATION FORM

We would like to nominate the following persons from our company to attend the investment conference:

No.	FULL NAME		DESIGNATION	EMAIL ADDRESS		CONTACT NUMBER	
1							
2							
3							
4							
5							
	Company:						
	Address:						
	Type/Nature of Business:						
			Nationality:				
			Email:				
	Phone Number: Fax:						
DELEGATE REGISTRATION FEE							
(Please tick the appropriate box)							
	180 USD/ Early Bird Rate per person (up to May 30, 2019) Registration to the Conference Include					ference Includes:	
	Php9,000				Conference Kits		
	170 USD/ ECCP DISCOUNTED I				Access to Business Matching		
	Php8,500	Group Rate per pers	on (minimum of 5 persons)				
	200 USD /	Regular Rate per person			(1 Dinner 2 Lunch 4 Snacks)		
	Php10,000				Food Restrictions:		
		Complimentary / Fre	ee of Charge		Toda Nestrictions.		
	, , ,						
PAYMENT METHOD AND DETAILS (Please tick the appropriate box)							
	(Please tick the appropriate box) Cheque Payment For Bank / Cheque Payments, please pay to:						
	Bank Deposit/T		Tor Bank / Cheque r ayments, please pay to.				
		sfer (International)	PESO ACCOUNT Account Name: Davao City Chamber of Commerce and Industry, Inc.				
	Barne Wile Hair	isrer (international)					
	Onsite Paymen	t (Php Cash Only)	Account No.: 2393239527338 SWIFT CODE: MBTCPHMM				
Bank: METROBANK Address: JP Laurel -Bajada							
CONTACT THE SECRETARIAT Please and us a convert your healt							
Please send us a copy of your bank			Account Name: Davao City Chamber of Commerce and Industry, Inc.				
verified payment deposit slips at: Email: davaoicon@davaochamber.com			Account No.: 313900000276 SWIFT CODE: PPBUPHMM				
Lillali	. davaoicon@da	vaociiailibei.com	Bank: Philippine Business Bank Address: JP Laurel -Bajada			aurel -Bajada	
For registration and payment concerns, you may also contact or call:							
MS. DIMPLE DEOCAMPO Tel: (+63) (82) 225-4021 Mobile: (+63) 910-709-9574 or (+63) 917-719-9503 Email: davaoicon@davaochamber.com							
161. [103] (02) 223-4021 Mobile. (+03) 310-103-3374 OF (+03) 317-113-3303 Elliali. Uavaoliolil@uavaoclidilibel.com							
	-	D CANCELLATION POLICY					
			Con requires full payment three days				
Should you not be able to attend, a substitute is welcome at no additional charges. A valid cancellation must be received in writing Thirty (30) days prior to the event. However, a 50% administration fee will be deducted from the contract fee by the Davao ICon organizers. In the event that the Davao Icon should							
change the date of the activities for any reason, delegates who are unable to participate on the rescheduled dates shall receive the full credit amount. The							
credited amount may be used for a future Davao ICon event. There are no cash refunds given under any circumstances. Davao ICon reserves the right to cancel or alter the content or timing of the program or the identity of the speakers when necessary without any liability.							
We hereby confirm that we have fully read, understood, and agreed with all the terms and condition stipulated							
in this form. We agree that this serves as the binding contract between my company and DCCCII.							
Sig	gnature Over Prir	nted Name	Designation			Date Signed	
organized by in cooperation with event partners							
ATTO							

















