



FRONTIERS & INNOVATIONS  
IN TEACHING



## REGISTRATION FORM

### Participant Information

Name of School/Company:		
School/Company Address:		
Website:	Telephone Number:	Fax Number:
Name of Participants:	Mobile Number and Email Address:	Will bring a computing device, e.g., iPad, laptop, etc. to the conference? (Y/N, please indicate if iPad, Mac, PC or smartphone device)
1.		
2.		
3.		
4.		
5.		

### Payment Details

Total Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check Bank & Check # _____
Date of Payment: _____ (based on date of actual deposit or payment to XS)		
<input type="checkbox"/> Early Bird (+ JBEC, EDSOR, Public School)	<input type="checkbox"/> Regular	<input type="checkbox"/> Walk-In <input type="checkbox"/> Foreign Participant <input type="checkbox"/> Early Bird <input type="checkbox"/> Regular
Mode of Payment: *Please fax this Registration Form and Deposit Slip to 7214173; Attention: TESS ELIZALDE	<input type="checkbox"/> Direct to Xavier School (submit this form together with payment to the Cashier) <input type="checkbox"/> *Deposit to Banco de Oro (Xavier School, Inc. Acct. No. 002890125005) <input type="checkbox"/> *Deposit to UnionBank (Xavier School, Inc. Acct. No. 107030003061)	
Contact Person re: Registration and Payment Details: (For groups)		Contact Information (email and mobile no)

**Confirmation Slip:** to be faxed to participating school

Tracking Number: \_\_\_\_\_

Attention:

This is to confirm your registration of \_\_\_\_\_ participants to the FIT: Learning at Your Fingertips Conference at Xavier School on April 23-25, 2014. You may register for your breakout sessions starting \_\_\_\_\_ at [fit2014.xs.edu.ph](http://fit2014.xs.edu.ph). See you soon!

Thank you,

Ms. Tess Elizalde, FIT Registration Committee Head