



April 20, 2017

MS. ARLENE LACORTE, CPA, MBA
Director for Finance and Controllershship

RE: Onsite Registration Payment for the ASCPEO CPE Activity on MAY 28, 2017 - SUNDAY

NAME OF PARTICIPANT: _____

Dear Ms. Lacorte:

Greetings in the name of Saint La Salle!

Please accept the payment of the undersigned participant in the ASCPEO CPE Activity this coming **MAY 28, 2017** - Sunday and kindly please credit the payment to ASCPEO Trust Fund.

Thank you.

In Saint La Salle,

DR. MA. CECILIA D. LICUAN
Director, ASCPE
De La Salle Health Sciences Institute
SY 2016-2017

PARTICIPANT NAME:

SURNAME:
FIRST NAME:
MIDDLE NAME:

TRAINING REGISTRATION FOR: (Please check only one)

- Early Bird Registration for NON-DLSHSI Alumni/Employee, Professionals, Parents & External Students amounting to Php 1,000
- Early Bird Registration for DLSHSI Alumni/Employee/Interns amounting to Php 500
- Regular Registration for NON-DLSHSI Alumni/Employee, Professionals, Parents & External Students amounting to Php 1,500
- Regular Registration for DLSHSI Alumni/Employee/Interns amounting to Php 900
- Registration for Live Stream, Video Stream amounting to Php3,000

SIGNATURE OF PARTICIPANT: _____

DATE OF PAYMENT: _____

OFFICIAL RECEIPT NUMBER: _____