



NOMINATION FORM

SEMINAR ON CONFLICT MANAGEMENT AND RESOLUTION

National Defense College of the Philippines,
Institute for Extramural and Continuing Studies
6-9 September 2005

PERSONAL INFORMATION (Please write in block letters.)

Given Name, MI, Last Name, Name Extension (to appear on your certificate):

Nickname (to appear on your ID): _____

Gender: _____

Name of Office: _____

Division/Department/Unit: _____

Office Address: _____

Position: _____ Rank: _____ Length of Service: _____

Telephone No.: _____ Mobile No.: _____ Fax: _____

E-mail: _____

Number of years of handling conflict issues: _____

Particular negotiation activities/ conflict issues handled: _____

Please
attach
recent
1 x 1 photo

Please indicate your food preferences or observance of any food practices:

Allergies: _____

Name, address and contact no. of person to be notified in case of emergency:

IMPORTANT:

Please submit duly accomplished form as soon as possible, preferably through e-mail at <iecs_group@ndcp.edu.ph> or fax at 9126942 **on or before August 18, 2005**. For more information, please contact Ms. Mary Rose Demigillo at telephone nos. 9129632 and 9116001 local 4566 of the Institute for Extramural and Continuing Studies (IECS) of the National Defense College of the Philippines (NDCP). Thank you.