

REGISTRATION FORM



INSURANCE INSTITUTE FOR
ASIA AND THE PACIFIC, INC.



ASEAN
INSURANCE
COUNCIL

IMPACT INSURANCE



The ILO's Impact
Insurance Facility

PROVIDING MICROINSURANCE RESPONSIBLY

November 21-22, 2017

Landmark Hotel, Vientiane, Laos

DATE OF APPLICATION:

(Month/Day/Year)

FEE PER PARTICIPANT

US \$500

BEFORE NOVEMBER 3, 2017

PERSONAL DATA

NAME

(First Name/Middle Name/ Surname)
or how you like your name to be printed in the certificate

NICKNAME

(short name you wish to appear in the nameplate)

HOME ADDRESS

TELEPHONE

EMAIL

MOBILE NO:

BIRTHDATE

(Month/Day/Year)

CIVIL STATUS

GENDER

NATIONALITY

PROFESSIONAL BACKGROUND

PRESENT EMPLOYER

DEPARTMENT/DIVISION

POSITION

COMPANY ADDRESS

INDUSTRY

EMAIL

TELEPHONE

FACSIMILE

TERMS AND CONDITIONS:

PAYMENT

1. Full payment is required prior to start of seminar. A substitute delegate is welcome but no refunds are allowed after November 3, 2017

PAYMENT OPTIONS

1. Bank Draft in USDollars (US\$) should be made in favor of the "Insurance Institute for Asia and the Pacific, Inc." and mailed to Insurance Institute for Asia and the Pacific, Inc., 26th Floor, BPI Philam Life Makati, 6811 Ayala Avenue, Salcedo Village Bel-Air, Makati City, Philippines, 1226

2. Payment by bank must be in USDollars (US\$).

Bank: UNITED COCONUT PLANTERS BANK (UCPB)

Bank Address: Ground Floor, BPI Philam Life Makati, 6811 Ayala Avenue, Salcedo Village Bel-Air,

Account Name: Insurance Institute for Asia and the Pacific, Inc.

Account Number: 011-033-005302

SWIFT: UCPBPHMM

Purpose of Payment: Payment for Course Registration

REFUNDS, CANCELLATION AND SUBSTITUTION POLICIES

1. No refund will be made for cancellations received after November 3, 2017
2. IIAP reserves the right to cancel a course if enrollment is insufficient to ensure learning effectiveness. In such cases, refunds will be given.
3. Substitutions for individuals can be made at any time.

Signature Over Printed Name