



SANGGUNIANG LAIKO NG PILIPINAS
23rd Biennial National Convention
Summit Hotel Tacloban City
October 27-29, 2023



REGISTRATION FORM

Name: _____ Nickname _____

Status: _____ Sex _____ Age _____ Mobile . No. _____ E-mail _____

Mailing Address: _____

Profession: _____ Present Occupation: _____

Name of Organization: _____ Designation: _____
(For Lay Organization Participants)

Name of Arch/Diocese: _____ Designation: _____
(For Arch/Diocese Participants)

Voting Delegate: Yes _____ No _____

Flight Details:

Arrival: Date & Time: _____ Flight No. _____ Airline: _____

Departure: Date & Time: _____ Flight No. _____ Airline: _____

Accommodation: Hotel where you're booked: _____

Date & time of check-in _____ Date & time of check-out _____

Participant's Signature _____ Date _____

Important: Please return this accomplished pre-registration form the soonest through mail or email at laiko_phils@yahoo.com.ph. For further inquiry, please call LAIKO office at (02) 8527-5388, (02) 8527-3124, cell nos. 0967-4025652, 0908-2496512 look for Joseph or Kate.

You may reproduce this form.