**REGISTRATION FORM FOR LOCAL PARTICIPANTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name** |  | | | | | | | | | | | | |
|  | (Dr./Prof./Mr./Ms.) | First name | | Middle initial | | | | | | Surname | | | |
| **Institution** |  | | | | | | | | | | | | |
| **Department** |  | | | | | | | | | | | | |
| **Mailing address** |  | | | | | | | | | | | | |
| Building | | City | | | | | Country | | | | Postal code | | |
| **Mobile / Telephone** |  | | | | **Email** |  | | | | | | | |
| Local code + phone number | | | |  | | | | | | | |
| **Date of birth** |  | | | | **Gender** | |  | |  | | Male |  | Female | | |

**Type of participation**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I will be presenting a paper |  | I will only be attending the sessions |

**FOR PAPER PRESENTERS:** Indicate at which conference you will be presenting

|  |  |
| --- | --- |
|  | **ICAEM2015:** 7th International Conference on Agribusiness Economics and Management |
|  | **ICOOP2015:** 2nd International Conference on Cooperatives |
|  | I will present papers on both conferences. |

**papers for proceedings**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I wish to have my paper published |  | Please do not consider my paper for publication |

**Note:** Submitted full papers will still undergo peer review before being considered for publication

**PAYMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| REGISTRATION FEES | EARLY REGISTRATION  (until 30 August 2015) | | REGULAR  (after 30 August 2015) | | ON-SITE PAYMENT  (only for non-paper presenters) | |
| * Professionals |  | PhP4500 |  | PhP5000 |  | PhP5500 | |
| * Students |  | PhP3600 |  | PhP4500 |  | PhP5000 | |
| * SUCs / government agencies |  | PhP3000 |  | PhP3000 |  | PhP5000 | |
|  |  |  |  |  |  |  | |

Note: Registration fee does not include cost for accommodations, travel, and post-conference study tour.

**All paper presenters are required to submit payment not later than 30 August 2015 for**

**abstracts to appear in the conference’s Book of Abstracts.**

**STUDY TOUR (17 October 2015 - Optional)**

The study tour will take participants to various cooperative-run agricultural ventures (e.g., banana, cacao, etc.) in the Davao Region. Tour fee includes air-conditioned transportation and lunch. This tour will take place after the conference and is optional.

|  |  |
| --- | --- |
|  | I wish to join the post-conference study tour (**ADD-ON:** PhP2500) |
|  | I DO NOT wish to join the study tour. |

**ACCOMMODATION**

The conference will take place at the Waterfront Insular Hotel, Davao City, Philippines. For more information, visit: [www.waterfronthotels.com.ph/waterfront/waterfront-insular-hotel-davao](http://www.waterfronthotels.com.ph/waterfront/waterfront-insular-hotel-davao)/ To avail of discounted rates for accommodations at the hotel, participants are requested to course payment through the conference organizers. Alternatively, you can make your own room arrangements in other hotels and inns near the conference venue (list provided as a separate file for your reference).

|  |  |  |  |
| --- | --- | --- | --- |
|  | I will make my own room arrangements for the conference. | | |
|  | I would like the conference secretariat to book a room at the hotel on my behalf. | | |
|  | Please provide the following details: | | |
|  | ARRIVAL DATE AND TIME\*: |  |
|  | DEPARTURE DATE AND TIME\*: |  |
|  | NUMBER OF NIGHTS: |  |
|  | **\*Note:** *This refers to arrival and departure from Davao City* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Single Occupancy** | | **Double Occupancy** | |
|  |  | |  | |
| Standard |  | **PhP2400** per night |  | **PhP2700** per night |
| Deluxe |  | **PhP2700** per night |  | **PhP3000** per night |
| Deluxe Premium |  | **PhP3200** per night |  | **PhP3500** per night |

|  |  |
| --- | --- |
|  | **ADD-ON FOR AIRPORT TRANSFER**  PhP800 - one way; PhP1600 - round trip |

For double occupancy rooms, please specify who will share the room with you:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-conference participant | | |
|  | Conference participant – **Specify name**: |  |

**PAYMENT DETAILS**

|  |  |
| --- | --- |
| Registration Fee |  |
| Study Tour (optional) |  |
| Accommodation (no. of nights x room rate) |  |
| T O T A L |  |

Bank Deposit and Wire Transfer

|  |  |
| --- | --- |
|  |  |
| Name of Beneficiary | UP Mindanao Foundation Inc. |
| Beneficiary Account no. | 1078020420 |
| Beneficiary Bank | RCBC Savings Bank (Bolton Branch) |
| Bank Address | Bolton Street, Davao City, Philippines |
|  | CHIPS UID 382399 |
| Account no. | 6550-7-96745 or 6550-7-96746 |
| Send proof of payment to: | [or.upmindanao@up.edu.ph](mailto:or.upmindanao@up.edu.ph) / [research@upmin.edu.ph](mailto:research@upmin.edu.ph) |

**IN CASE OF EMERGENCY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Person |  | | Relationship | | |  | |
| Mailing address |  | | | | | | |
| House number Street | City | | | Country | | Postal code |
| Telephone |  | | Email |  | | | |
| International code + local code + phone number | |  | | | |
| Allergies, Food Restrictions (religious or medical in nature), and Other Concerns | | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |

Save this form using this file name: REGISTRATION – *Your Last Name*

Submit this form as a Word document file or a PDF file to [or.upmindanao@up.edu.ph](mailto:or.upmindanao@up.edu.ph) and to [karenquilloy@gmail.com](mailto:karenquilloy@gmail.com)

THANK YOU FOR REGISTERING!