**REGISTRATION FORM FOR INTERNATIONAL PARTICIPANTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name** |  | | | | | | | | | | | | | |
|  | (Dr./Prof./Mr./Ms.) | First name | | Middle initial | | | | | | | Surname | | | |
| **Institution** |  | | | | | | | | | | | | | |
| **Department** |  | | | | | | | | | | | | | |
| **Mailing address** |  | | | | | | | | | | | | | |
| Building | | City | | | | | Country | | | | | Postal code | | |
| **Telephone** |  | | | | **Email** |  | | | | | | | | |
| International code + local code + phone number | | | |  | | | | | | | | |
| **Date of birth** |  | | | | **Gender** | |  | | |  | | Male |  | Female | | |
| **Passport No.** |  | | | | **Expiry Date** | | | |  | | | | | |
| **Place of issuance** |  | | | | **Citizenship** | | | |  | | | | | |
|  | City / Country | | | |  | | | |  | | | | | |
| **Would you like to request invitation letter for Visa Application?** | | | | | | |  | | |  | | Yes |  | No | | |

**Note:** Nationals from selected countries traveling to the Philippines for business and tourism purposes are allowed to enter the country without visas for a limited duration of stay. For information, visit the website of the Department of Foreign Affairs: <http://www.dfa.gov.ph/list-of-countries-for-21-day-visa>

**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)* | |
| * Professionals |  | US$230 |  | US$250 |
| * Students (MS/PhD) |  | US$180 |  | US$200 |
|  |  |  |  |  |

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:** US$ 70) |
|  | 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 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 conference venue 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, not the country* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Single Occupancy** | | **Double Occupancy** | |
|  |  | |  | |
| Standard |  | **US$ 65** per night |  | **US$ 70** per night |
| Deluxe |  | **US$ 70** per night |  | **US$ 75** per night |
| Deluxe Premium |  | **US$ 75** per night |  | **US$ 80** per night |

|  |  |
| --- | --- |
|  | **ADD-ON FOR AIRPORT TRANSFER**  US$ 25 - one way; US$ 50 - round trip |

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

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

**PAYMENT DETAILS**

*All in US Dollars*

|  |  |
| --- | --- |
| Registration Fee | **0.00** |
| Study Tour (optional) | **0.00** |
| Accommodation (no. of nights x room rate) | **0.00** |
| T O T A L | **0.00** |

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 |
| REMIT TO: |  |
| Intermediary Bank | Bank of America |
| Bank Address | New York, USA |
|  | SWIFT BOFAUS3N |
|  | Fedwire Routing No. 026009593 |
|  | Chips Routing No. 959 |
| 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 | | | | | | | |
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|  |  | | | | | | |
|  |  | | | | | | |

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!