



Positive Action Foundation Phils, Inc. (PAFPI)

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REGISTRATION FORM



**Count me in! Yes! I would like to participate in
 "HIV COUNSELING TO TESTING TRAINING (HCTT)"**

*Asian Social Institute (ASI)
 #1518 Leon Guinto St. Malate, Manila*

Name of Participant/s :	Last Name				First Name		M. I.	Nickname :
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Atty.	<input type="checkbox"/> Other	Sex:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.					
Position/Designation :								
Name of Organization :								
Mailing Address:								
Website :								
Phone No (pls. include area code) :				Fax No (pls. include area code) :				
Mobile No :				Email Address :				
Signature:								

Briefly describe the programs of your organization :	
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Note:

Please put the Complete Full Name and Designation for the issuance of certificate purposes.