



Philippine Center for Creative Imaging

CLASS REGISTRATION FORM

Registrants Name

Organization/Company

Job Title

Mailing Address

Phone

Mobile

Email

Course Name	Class Date(s)	Price

() I will deliver the payment (in cash or check) to PCCI's office prior to the class date.

Make checks payable to Philippine Center for Creative Imaging.

() I will deposit the payment at a Rizal Commercial Banking Corporation (RCBC) branch in favor of

Philippine Center for Creative Imaging, savings account no. 1-249-91545-5, RCBC Legaspi Village Branch

Note: For this registration to be valid, PCCI must receive 50 percent of the course fee

- within 3 days after you submit this form, or
- immediately, if the class is less than one week away

How did you find out about our courses? _____

What is your preferred platform (for computer classes)?

() Mac OS X

() Windows

Registrant's Signature

Please fax your registration form to (02) 892-5281