## Course Registration Form

Registrant's Name: (Please re	gister as you would like your name printed	on a certificate).	
Organization / Company Nar	me (if any):		
Mailing Address:			
Landline	Mobile	Email	
Course Name		Class Dates	Price
There are several ways to pay	y:		
Office: Deliver the payment for Creative Imaging, Inc.	(cash, check or credit card) to our office. Cl	neck is payable to <u>Phi</u>	lippine Center
1 1	cash or check) to any <i>Rizal Commercial Ba</i> anco de Oro (BDO) branch, S/A 429-00783		•
* Then email (or fax)	us the copy of the deposit slip with your na	ame written legibly or	ı it.
Email addres	ss: <u>info@pcci.com.ph</u> / Fax number: <u>+63 (2</u> )	) 892-5281	
Online: Please visit <www.pa< td=""><td>aypal.me/pcci&gt;</td><td></td><td></td></www.pa<>	aypal.me/pcci>		
Where did you hear about u	s?		
	Me ( ) My Company		
Are you coming from outsid	le Metro Manila? If yes, what province? (	) No ( ) Yes _	
What is your preferred platfe	form (for computer classes)? ( ) M	ac OS ( ) Windo	ws OS
I hereby certify that all detail	ls above are correct and complete.		
Registrant's Signature			