

**Ateneo Center for Continuing Legal Education & Research
Ateneo de Manila Law School**

**MCLE LECTURE SERIES
REGISTRATION FORM**

Name: _____ **Atty. Roll No./Chapter:** _____

Company Name: _____ **Tel. Nos./Fax No.** _____

Office Address: _____ **Email Address:** _____

Seminar Dates to be Enrolled:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

AUTHORITY TO ACCEPT PAYMENT

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To the Cashier:

Please accept the amount of PhP _____ from the bearer, Mr./Ms. _____
_____ as payment for:

- Registration Fee - MCLE Lecture Series
- Certified True Copy of MCLE Certificate of Attendance
- Registration Fee - Special Seminar

Upon issuance of an official receipt, please instruct bearer to return to Law School office to present the receipt and claim the form/s requested.

ACCLER Representative