



Please return the accomplished form to PGC-CFB (2/F NIMBB Bldg., National Science Complex, UP Diliman), or fax to 981-8742, or email a scanned copy to bioinformatics@pgc.up.edu.ph. For assistance, please call 981-8744.

PART A. USER INFORMATION		
LAST NAME	GIVEN NAME	MIDDLE NAME
DESIGNATION		DATE OF BIRTH
EMAIL ADDRESS		CONTACT NUMBER
INSTITUTION		
INSTITUTION ADDRESS		
Street/Bldg.		
City		Province
Country		Zip Code
PART B. PROJECT INFORMATION (Only if applicable)		
PROJECT TITLE		
PROJECT LEADER		
PROJECT START DATE		
PROJECT FINISH DATE		
PART C. TRAINING REQUEST DETAILS		
TRAINING TOPIC		
Preferred training start date		Preferred training end date

Number of participants:	
BILLING INFORMATION	
<input type="checkbox"/> Bill to Trainee <input type="checkbox"/> Bill to Institution <input type="checkbox"/> Bill to Project	
ADDITIONAL MESSAGE	
PART D. ACKNOWLEDGEMENT	
I hereby certify that the information above is true and accurate.	
_____ Signature Over Printed Name of Applicant	_____ Date Signed
For Institutional/Project Trainees:	
I hereby certify that the applicant is a staff of the Institution/Project (whose details appears above) and is working under my supervision. I guarantee that all the expenses incurred by the applicant in relation to this training request will be paid by the Institution/Project.	
_____ Signature Over Printed Name of Supervisor	_____ Date Signed
PART E. APPROVAL (To be filled by PGC-CFB Staff)	
Identity of the applicant verified.	
_____ Signature Over Printed Name of Admin	_____ Date Signed
Training event created.	
_____ Signature Over Printed Name of Specialist	_____ Date Signed

