



**University of the Philippines Manila  
NATIONAL INSTITUTES OF HEALTH**



**WHO-TDR/SIDCER/FERCAP**

**Training Center for Health Research Ethics and Good Clinical Practice**

**REGISTRATION/RESERVATION/ENQUIRY FORM**

**I would like to:**

- REGISTER                       RESERVE A SLOT                       INQUIRE (Pls specify)

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**For:**

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| <p><input type="checkbox"/> <b>March 10 to 12</b><br/>Principles of Good Clinical Practice<br/>and Research Ethics for Investigators<br/>and Ethics Committee Members</p> <p><input type="checkbox"/> <b>April 14 to 16</b><br/>Principles of Good Clinical Practice<br/>and Research Ethics for Investigators<br/>and Ethics Committee Members</p> <p><input type="checkbox"/> <b>May 26 to 28</b><br/>Standard Operating Procedures for<br/>Ethics Review Committees</p> | <p><input type="checkbox"/> <b>July 28 to 30</b><br/>Principles of Good Clinical Practice<br/>and Research Ethics for Investigators<br/>and Ethics Committee Members</p> <p><input type="checkbox"/> <b>October 20 to 22</b><br/>Continuing Ethics Education (Special<br/>Topics)</p> <p><input type="checkbox"/> <b>Others (Pls specify)</b></p> |
|--|---|

**Name** \_\_\_\_\_

**Title/Position** \_\_\_\_\_

**Agency/Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Telephone number/s** \_\_\_\_\_

**Facsimile** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature** \_\_\_\_\_

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Please fill out this form and return by fax to +63 2 5250395 or email to nih-irb@upm.edu.ph or call the Research Capacity Strengthening (RCS) Office at the National Institutes of Health at +63 2 5264349.