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PERSONAL INFORMATION SHEET

(Pursuant to the provisions of R.A. No. 10173, otherwise known as Data Privacy Act of 2012, I hereby declare that personal information that will enable me to register as participant to the 2018 PSAI Training Programs in Statistics is hereby freely given, and that the PSAI shall ensure compliance with the provisions of National Privacy Act on Security Measures for Protection of Personal Data.)

Course Title: _____
Venue: _____
Duration: _____

PERSONAL INFORMATION (Please PRINT)			
Surname	Firstname	M.I.	Nickname
Home Address		Tel No./Mobile No	
E-mail Address		Religion	
Birthday (mm/dd/yyyy) ___ / ___ / _____	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Others,specify _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (in cm) _____
Age (in years) _____			Weight (in lbs) _____
EDUCATIONAL Background (Undergraduate/Graduate/Postgraduate)			
Name of University/ College	Address	Date of Attendance	Degree/certificate completed
EMPLOYMENT			
Designation: _____		Number of Years in Service: _____	
Name of Agency/Company: _____			
Division/Department: _____			
Address: _____			
Telephone Nos: _____		Fax Nos: _____	