



AQUACULTURE DEPARTMENT  
SOUTHEAST ASIAN FISHERIES DEVELOPMENT CENTER  
TIGBAUAN, ILOILO

**CONFIRMATION OF RESERVATION/ PAYMENT FORM**  
MULTI-PURPOSE HALL (MPH)

Date(s) of Event: \_\_\_\_\_  
Time : From \_\_\_\_\_ To \_\_\_\_\_

Function Room:  MPH  FR1  FR2  FR3

Purpose: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

I agree to the terms and conditions stated in the MPH guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ID No.

(for HMO use)

Date(s) blocked on the calendar  
 Signed MPH Guidelines kept on file

OR No. \_\_\_\_\_  
Amount: \_\_\_\_\_

Follow up date: \_\_\_\_\_ (one week prior to the event)  
Contact No: \_\_\_\_\_

Processed by:  
\_\_\_\_\_

*To be accomplished in three (3) copies:*  
Cashiering  
Lessee  
HMO

Control No. \_\_\_\_\_