



AQUACULTURE DEPARTMENT  
 SOUTHEAST ASIAN FISHERIES DEVELOPMENT CENTER  
 TIGBAUAN, ILOILO

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

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) plotted in the calendar
- MPH Guidelines signed by the Lessee
- Signed MPH Guidelines kept on file

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

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

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

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

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