



Republic of the Philippines  
DEPARTMENT OF EDUCATION  
CORDILLERA ADMINISTRATIVE REGION  
Wangal, La Trinidad, Benguet

Website: www.depedcar.ph | Email: ftad.depedcar@gmail.com



September 28, 2018

REGIONAL MEMORANDUM  
No. **340-2018**

DEPED-CAR

**PARTICIPANTS TO THE SIP DEEPENING THROUGH STAKEHOLDER'S ENGAGEMENT**

TO: Schools Division Superintendents  
(Abra, Benguet, Ifugao, Mt. Province, Kalinga)  
All others concerned

1. Pursuant to Unnumbered Memorandum entitled, "SIP Deepening through Stakeholders Engagement", dated September 3, 2018 which will be conducted on October 8-11, 2018 at Davao NEAP RELC (E. Quirino Avenue, Davao City, Davao del Sur) the following will be the participants:

Elfredo C. Dalang	-	Regional Office
Marjory T. Valdez	-	Regional Office
Lorna B. Llana	-	SDO Abra
Elmer R. Sagubo	-	SDO Benguet
Juanito T. Padawan Jr.	-	SDO Ifugao
Anthony C. Feleciano	-	Mt Province
Dolores S. Cambia	-	Kalinga

2. Please send the accomplished confirmation slip (Annex 1) through email or fax on or before October 4, 2018, copy furnished [ftad.depedcar@gmail.com](mailto:ftad.depedcar@gmail.com).

3. For administrative concerns, please take note of the following:

a. Travel expenses of participants shall be charged to CO-GAS (BHROD-SED) fund with activity code: AC-18-BHROD-SED-GASS-055

b. To facilitate the reimbursement of travel expenses, please bring original copies of the following documents during the workshop:

- Duly Signed Travel Order / Travel Authority
- Boarding Pass (hard copy)
- Bus ticket and other transportation receipts

4. Immediate dissemination of this memorandum is desired.

  
**MAY B. ECLAR, Ph. D., CESO V**  
Regional Director

**PARTICIPANT CONFIRMATION SLIP*****SIP Deepening Through Stakeholder's Engagement (Batch 2)***

October 8-11, 2018

Davao NEAP RELC (*E. Quirino Ave, Davao City, Davao del Sur*)

LAST NAME	FIRST NAME	MIDDLE INITIAL
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Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Sex: (Please check): M \_\_\_\_\_ F \_\_\_\_\_

## Contact Details:

- Mobile: \_\_\_\_\_
- Landline (Office): \_\_\_\_\_
- Email address: \_\_\_\_\_

Office: \_\_\_\_\_

Position: \_\_\_\_\_

Emergency Contact (Name and details):  
\_\_\_\_\_

Schedule of Check-in (Date and time): \_\_\_\_\_

Schedule of Check-out (Date and time): \_\_\_\_\_

Food preference (Please specify): \_\_\_\_\_

Medications/ Allergies: \_\_\_\_\_

For participants taking plane:Airport of Origin and Destination (e.g. Cebu-Manila):  
\_\_\_\_\_

Airline: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Expected Time of Departure: \_\_\_\_\_

Return Date: \_\_\_\_\_ Expected Time of Departure: \_\_\_\_\_

*Please confirm your attendance by sending this confirmation slip to [bhrod.sed@deped.gov.ph](mailto:bhrod.sed@deped.gov.ph) or thru fax (02) 633-5397 on or before **October 4, 2018**.*