

NOMINATION FORM

**Operational Risk Management Seminar**

Seminar Title:	<b>Operational Risk Management Seminar</b>	Date	<b>April 21-22, 2017</b>	Time	<b>8-12NN 1-5PM</b>
Venue	<b>ALMONT INLAND RESORT J.C. Aquino Ave., Butuan City</b>				

To be completed by the employer/nominating agency/project leader

1. Employing office institution \_\_\_\_\_
2. Postal address of employing office/institution \_\_\_\_\_
3. Phone no/s. \_\_\_\_\_
4. Facsimile no/s. \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Name/s and exact position/s held by nominee/s:

Name	Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature over Printed Name/Position/  
President/ Personnel Manager



