



SINGtrifuge

Name: _____
(Surname) (First name) (Middle name)

School: _____

Age: _____ Sex: _____

Contact number: _____

Contests joined/Singing experiences:

I hereby certify that the above information is true.

Signature over printed name

**Deadline of submission: December 20, 2012.*

**Please attach a photocopy of your COM (Certificate of Matriculation) or registration as well as a photocopy of your school Identification Card.*



Shake your TUBE

Name of Group: _____

School: _____

Members:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Contact person/Group's representative: _____

Contact number: _____

I hereby certify that the above information is true.

Signature over printed name
(Group's representative)

**Deadline of submission: December 20, 2012.*

**Please attach a photocopy of your COM (Certificate of Matriculation) or registration as well as a photocopy of your school Identification Card.*



Research Presentation

Research Title: _____

Presenter: _____
(Surname) (First name) (Middle name)

School: _____

Age: _____ Sex: _____

Contact number: _____

Adviser: _____

Members:

_____	_____
_____	_____
_____	_____

I hereby certify that the above information is true.

Signature over printed name

**Deadline of submission: December 20, 2012.*

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THE PHILIPPINE SOCIETY OF MEDICAL TECHNOLOGY STUDENTS

Website: <http://phismets-national.weebly.com>

Email: phismets_national@yahoo.com



Mr. and Miss PHISMETS 2013

Name: _____
(Surname) (First name) (Middle name)

School: _____

Age: _____ Sex: _____ Height: _____

Contact number: _____

Talents: _____

I hereby certify that the above information is true.

Signature over printed name

**Deadline of submission: December 20, 2012.*

**Please attach a photocopy of your COM (Certificate of Matriculation) or registration as well as a photocopy of your school Identification Card together with a wallet size picture of your whole body shot.*