



The **PHILIPPINE NAVY**
cordially invites you to the
17th WESTERN PACIFIC NAVAL SYMPOSIUM 2020
on 19-20 May 2020 at Sofitel Philippine Plaza Manila

Registration Form

Organization : _____

Head of Delegation & Staff : _____
(First Name) (Last Name) (Rank)

Designation : _____

Will attend Will not attend Will send representative

Representative : _____
(First Name) (Last Name) (Rank)

Designation : _____

Will be Accompanied by Spouse : Yes No

Name of Spouse : _____

Name of Accompanying Officer : _____

Contact Person

Phone Number : _____

E-mail address : _____

Desired Chief of Navy for Bilateral Meetings:

- | | | | |
|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Ecuador | <input type="checkbox"/> New Zealand | <input type="checkbox"/> Thailand |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Fiji | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Tonga |
| <input type="checkbox"/> Brunei | <input type="checkbox"/> France | <input type="checkbox"/> Papua New Guinea | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Cambodia | <input type="checkbox"/> India | <input type="checkbox"/> Peru | <input type="checkbox"/> United States |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Russia | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Japan | <input type="checkbox"/> Singapore | <input type="checkbox"/> Myanmar |
| <input type="checkbox"/> China | <input type="checkbox"/> Malaysia | <input type="checkbox"/> South Korea | <input type="checkbox"/> Iran |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Mexico | <input type="checkbox"/> Sri Lanka | |

**Will join Activity on
22 May 2020**

- : Cultural Tour in Corregidor Island
 Play Golf

Needs Interpreter : Yes No

**Willing to be interviewed by
Media/Press** : Yes No

Dietary Restriction : _____

Blood Type : _____

Medical Requirement : _____

**Indicate if you have
any specific form of
allergy** : _____

(EMAIL wpns2020secretariat@navy.mil.ph or wpns2020secretariat@gmail.com)

YOU MAY ALSO CONTACT THE WPNS 2020 SECRETARIAT at Landline:

+632 525-0739 or mobile: +63 915 952 0096 / +63 998 238 3313

