THE PHILIPPINE COLLEGE OF PHYSICIANS
Committee on PCP-Pfizer Quiz
FY 2010-2011

CONFIRMATION OF PARTICIPATION

Hospital Name: _____
Contact nos. & E-mail add

List of Participants:

	Print Name	Date Entry	Date Graduating
1.	_____	_____	_____
	(Team Captain)/Contact Nos. & E-mail add		
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
	(Alternate if any)		

COACH: _____
Contact nos. & E-mail add

Sign by:

Chair/Training Officer : _____

Chief Resident : _____
Contact nos. and E-mail add

Thank you for sending back this copy

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