



PERSONAL INFORMATION			
NAME	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Address			
Birthdate (mm/dd/yyyy)		Birthplace	
Nationality		Current Occupation	
EDUCATIONAL ACTIVITIES			
Academic Information			
Degree	Discipline	Institution	Year Graduated
Licensure and Certification (if applicable)			
Title	Number	Year Acquired	
Honors and Distinctions			
Honors or Awards Received	Awarding Organization	Year Granted	
EVENT ACTIVITIES			
PIIE-Sponsored Events			
Activity	Role/Participation	Date	
Other Organizations' Sponsored Events			
Activity	Organization	Role/Participation	Date

TECHNICAL/RESEARCH ACTIVITIES (As primary author or major contributor)			
Publications			
Year Published	Title of Book/ Technical Paper (TP)	Place Published: Publisher [Books]	Name of Journal / Vol. No. (Issue No.), Page Nos. [TP]
Patents/Inventions			
Name of Patent/Invention		Registration No.	Date
PROFESSIONAL ACTIVITIES			
Administrative Responsibilities			
Title/Position	Nature of Responsibility	Company/ Organization	Inclusive Dates
Professional/Work Experience			
Title/Position	Company		Inclusive Dates



EXTERNAL PROFESSIONAL ACTIVITIES			
Professional Affiliation			
Organization	Position	Year	
REFERENCES			
Name	Position	Institution	Contact Number/s

I certify that the foregoing statements and the attached materials are true and accurate. Any false or misleading statements on this form or on the attachments will be grounds for my disqualification for Certification. My signature below indicates my full acceptance of this requirement.

Signature over Printed Name / Date

Note:

1. Submit all supporting documents relevant to information provided.
2. Mail materials to: IECB Secretariat, Unit 3410 Cityland Pasongtamo Tower II, Don Chino Roces Avenue, Makati City 1231 Philippines