



RURAL BANKERS ASSOCIATION OF THE PHILIPPINES

2/F RBAP BUILDING, A. SORIANO AVE. CORNER ARZOBISPO STREET, INTRAMUROS
MANILA ● TELS. 527-2972 ● 527-2968 ● 527-2969 ● TELEFAX NO.: 527-2980
E-MAIL: info@rbap.org ● WEBSITE: www.rbap.org

07 June 2009

FOR : ALL PARTICIPATING RURAL BANKS

FROM :  Tomas S. Gomez/IV

SUBJECT : CIRCULAR LETTER: REMEDIAL MANAGEMENT SEMINAR

Dear Fellow Rural Bankers:

The Rural Bankers Association of the Philippines (RBAP), through the *Rural Bankers' Research and Development Foundation, Inc. (RBRDFI)* is pleased to announce that it will conduct the seminar-workshop described below as part of its continuing strategy to strengthen the rural banking industry:

Course Title: Remedial Management Seminar
Speaker : Mr. Ricardo De Vera, MBAP, CSP
Certified International Trainer –Singapore/Japan
Chairman Emeritu- PMAC, Consultant
Venue: RBAP Conference Room, RBAP Bldg., A. Soriano Ave., cor.
Arzobispo St., Intramuros, Manila
Schedule: 29-30 July 2010 (Thursday and Friday)
Duration: 2 days (8:30AM-5:30PM)

In this connection, we would like to enjoin rural banks, to send their Appraisers, Credit Investigators, Loan Officers & Managers to attend the seminar. Registration fee per participant is **Four Thousand Eight Hundred Pesos only (P4, 800.00).*** *Early bird registrants* (those who will be able to pay the full amount on or before July 16, 2010) are entitled to a 5% discount from the registration fee or will only pay **PhP4, 560.00**.

For your reservations, kindly submit to us not later than **July 23, 2010** the following:

□ Non-member rural banks will be charged thrice the regular registration fee. To avail of the regular registration fee, non-member banks are encouraged to apply for membership with RBAP/RBRDFI. Please call RBAP for details.

1. A non-refundable commitment fee of P2,400.00 per participant (50% of the registration fee). Payments can be remitted to the **Rural Bankers Research and Development Foundation, Inc.** bank account (*Land Bank of the Philippines – Intramuros Branch Savings Account Number 0012-1046-26*). Proof of payment (i.e., deposit slip) should be sent immediately to RBAP via facsimile for verification. Our facsimile number is (02) 527-2980. **For check payments, check should be payable to Rural Bankers Research and Development Foundation, Inc.;**
2. Nomination form of the participant(s) duly endorsed by the bank's authority;
3. Filled-up Participant's Profile.

Only those rural banks that have complete requirements will be given reservation. Please be advised that we will be accepting up to thirty (30) participants only. We reserve the right to limit the number of participants to a manageable level. Participants will be accepted on a first-come-first-served basis.

For your reservation, please call RBRDFI Training Officers:

Mr. Ace M. Calang Ms. Grace Dimapilis. Ms. Jack Escote
Contact details: (02) 527-2969, 527-2980, 0921-3433567, 09166989036
Emails: ace@rbap.org , grace@rbap.org jack@rbap.org.

Participants who have paid but fail to show up for the seminar will only be entitled to a rebate of 50% of the total registration fee.

Please note that this is a live-out seminar, attached also is the course outline for your reference.

Thank you very much.

PARTICIPANT'S PROFILE SHEET

REMEDIAL MANAGEMENT SEMINAR

Date: July 29-30, 2010 (Thursday and Friday) (8:30 AM-5:30 PM)

Venue: RBAP Conference Room, A. Soriano Ave. cor. Arzobispo St., Intramuros, Manila

PRINTED NAME:

_____ *First Name* *M.I.* *Surname*
NICKNAME: _____ **BIRTHDAY:** _____

RURAL BANK: _____

RB COMPLETE ADDRESS: _____

RB TEL. NO(S): _____ **RB FAX NO:** _____

E-MAIL ADDRESS: _____ **MOBILE NO** _____

EDUCATIONAL BACKGROUND

	Course/Degree	Institution	Year Graduated
Post Graduate			
College			

WORK EXPERIENCE: (Last 2 including Current Employment)

Company	Inclusive Year(s) of Employment	Position(s) Held

**RURAL BANKERS RESEARCH &
DEVELOPMENT FOUNDATION, INC.**

NOMINATION FORM

Seminar Title:	Remedial Management Seminar	Date:	July 29-30, 2010	Time:	8:30 AM to 5:30 PM
Venue:	RBAP Conference Room A. Soriano Ave. cor Arzobispo St., Intramuros, Manila				

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
1.	
2.	
3.	

Date

Signature Over Printed Name/
Position/President/Personnel Manager