



De La Salle University  
 D A S M A R I Ñ A S  
 CAVITE 4115 PHILIPPINES

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**FORM H**

(Profile of the Speaker)

\_\_\_\_\_  
 (Name of Activity in which s/he will be a speaker)

\_\_\_\_\_  
 (Date, Time, and Place of Activity)

Paste 1x1  
 photo

**Full Name:**

\_\_\_\_\_  
 (Last name) (First name) (Middle name)

**Contact Address:**

\_\_\_\_\_  
 \_\_\_\_\_

**Contact Nos.:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Educational Attainment:** \_\_\_\_\_

**Affiliations:** \_\_\_\_\_

\_\_\_\_\_

**Other specializations:** \_\_\_\_\_

\_\_\_\_\_

**Reason/s for choosing him as the speaker for the activity:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** Please fill-out all necessary information

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*creating possibilities*