

for printing



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PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS (PAFTE)

776 Aurora Boulevard, corner Boston Street, Cubao, Quezon City

Telefax Number: (02) 721-2715, (02) 727-3386

August 17, 2015

Dr. Diosdado M. San Antonio
Regional Director
DepEd Region IV-A

*TO SDSs
For your appropriate
return please,
Thank you!
J. S. August 2015*

Dear Dr. San Antonio,
PAFTE greetings!

We are pleased to invite you to the PAFTE 44th Annual Convention and 5th International Convention which will be held at Punta Villa Resort, Sto. Niño Sur Arevalo, Iloilo City on October 15-17, 2015. The theme of this year's convention is **Building Capacity for Meaningful and Mastery Learning**.

At the end of the Convention, the participants must be able to:

- evaluate their teaching practices in the light of meaningful and mastery learning
- add to their repertoire of interactive, collaborative, integrative and reflective teaching strategies for meaningful and mastery learning
- derive lessons from the demonstration teaching of various teaching strategies
- present researches conducted within the last three years
- demonstrate an understanding of CHED's stabilization funds relative to SHS implementation
- reflect on their personal and professional life in relation to wholeness and holiness
- establish and strengthen personal and professional ties with PAFTE individual and institutional members

Partners of PAFTE such as the Professional Board for Teachers of the Professional Regulation Commission, the Commission on Higher Education and the Department of Education shall give the latest updates on matters relevant to teacher education and development. As regular features of our Conventions, we will listen to excellent speakers on yoga and wellness, holiness and wholeness.

PAFTE members shall do demonstration teaching and share selected researches. Regional Chapter Chairs shall present accomplishments and discuss next steps.

Please be informed that the registration fee of four thousand five hundred pesos (Php 4,500.00) covers the **hotel accommodation (quadruple sharing)**, convention kit, honoraria and travel expenses of speakers, meals (morning and afternoon snacks, breakfast, lunch and dinner) and other operational expenses. Morning snacks shall be served on October 15 and the last meal is lunch on October 17. **There shall be no live-out rate.** Participants are requested to make the hotel reservations and local personal tours themselves with Ms. Leni Rose P. Verde, Sales Officer of Punta Villa (0908- 813-4288/ 0917-328-2912)

Registration starts at 7:00-10:00 A.M on October 15. The program starts on October 15 at 10:00 A.M. and ends on October 17 at 12: 30 P.M. For those who paid the registration in Security Bank and BDO, please e-mail scanned receipt to mel.julianes@eac.edu.ph/julianes.melchor@yahoo.com.ph

The participants are requested to wear **corporate attire** on the first day of the Convention for the photo session by regions.

For further information / inquiries, please coordinate with:

Dr. Sunny Gabinete (0922 -860-1490, sunny_gabinete@hotmail.com)

Dr. Milagros L. Borabo (735-7072 Or 735-6861 loc 337, 0917-631-1102, milagros_borabo@yahoo.com)

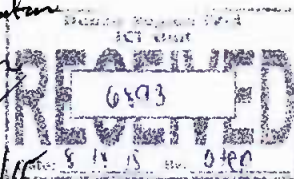
We look forward to your active participation.

Sincerely yours,

Brenda B. Corpuz
BRENDA B. CORPUZ, Ph.D.
President

TO ALL CONCERNED

*for your information
and appropriate action*



8/19/15

RESERVATION/CONFIRMATION SLIP PAFTE
44th Annual Convention and 5th International Conference
October 15, 2015, 10:00 a.m to October 17, 2015 , 1:00 pm
Punta Villa Resort , Sto. Niño Sur, Arevalo, Iloilo City

Please pay to **Security Bank, Mendiola Manila, PAFTE Account # 0341 008060 001**
Banco de Oro, UN Avenue Branch PAFTE Account #0560197896
Please fax bank receipt to PAFTE Secretariat Telefax No. (02) 735-7072 or e mail to
milagros_borabo@yahoo.com

Name of Participant/s _____ Designation: _____

Designation: _____

Designation: _____

Designation: _____

Name of Institution: _____ Region _____

Address of Institution: _____

Telephone No . _____ Fax No. _____ Email _____

Bank Deposit Slip No. _____ Date _____ Branch _____

_____ Date _____ Branch _____

_____ Date _____ Branch _____

_____ Date _____ Branch _____

_____ Date _____ Branch _____

Kindly fax registration form and bank account deposit slip immediately upon payment. Kindly bring the **original bank receipt** during the convention to facilitate the issuance of your original receipt and seminar kit. **Confirmation of attendance is required.**