

**VISAYAS ASSOCIATION OF WATER DISTRICTS, INC. (VAWD)**

c/o Metropolitan Cebu Water District  
cor. Magallanes-Lapu-lapu Sts. Cebu City  
Tel No. (032) 056-0424; Fax No. (032) 412-2774

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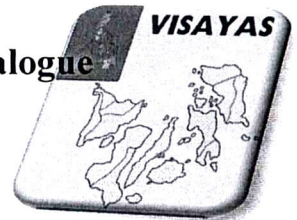
**VAWD Officers:**

February 10, 2015

**ALMA L. ABRASALDO**  
*General Manager*  
Bayawan Water District  
*President*

**Procurement Training/ Workshop & Dialogue**

*MCWD Training Hall  
MCWD, Cebu City  
17-18 March 2015*



**ENGR. MANOLITO P. MENDOZA, JR.**  
*General Manager*  
Talisay Water District  
*Vice President*

Dear Colleagues,

**MARIO C. ROBENTA**  
*General Manager*  
Naval Water District  
*Secretary*

We are pleased to invite your WD in behalf of VAWD to a LIVE-OUT Procurement Training/Workshop which will be held at MCWD Training Hall, MCWD, Cebu City.

**NOLAN TAPALES**  
*General Manager*  
Moalboal Water District  
*Treasurer*

The two-day training session will be held on Tuesday 17<sup>th</sup> and Wednesday 18<sup>th</sup> March 2015 and will involve both technical discussions on Procurement Procedures and also dialogue/consultation with legal personalities.

**ENGR. RALPH S. UY**  
*General Manager*  
Catbalogan Water District  
*Auditor*

Registration fee is **P 1,800.00**/participant inclusive of kit, meals, snacks and resource speaker.

**VAWD Board of Trustees:**

Pre-Registration is a must. Simply accomplish and submit the attached registration form to Bayawan Water District thru Fax. No. (035) 430-0361 or email to [gmalma\\_bawad@yahoo.com](mailto:gmalma_bawad@yahoo.com) or contact 09173142398.

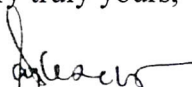
**ROBERTO CASTRO**  
*General Manager*  
Dumalag Water District

We look forward to seeing you in Cebu City.

**REMUS BRAGANZA**  
*General Manager*  
Dumangas-Barotac Neuvo Water District

Very truly yours,

**STEVEN DANDROY**  
*General Manager*  
Metro Siquijor Water District

  
**ALMA L. ABRASALDO**  
VAWD President

**NESTOR GERALDO**  
*General Manager*  
Maasin Water District

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**REGISTRATION FORM**

|                |  |             |                                |                 |  |
|----------------|--|-------------|--------------------------------|-----------------|--|
| Last Name:     |  | First Name: |                                | Middle Inntial: |  |
| Nickname:      |  |             | Sex:                           |                 |  |
| Position:      |  |             | Name of Water District/Office: |                 |  |
| Region:        |  |             | Office Address:                |                 |  |
| TeleFax No.:   |  |             | Mobile No.:                    |                 |  |
| Email Address: |  |             | Dietary Requirements:          |                 |  |

Name & Signature of Head of Office/Authorizing Officer: \_\_\_\_\_

Position: \_\_\_\_\_