

OFFICIAL ENTRY FORM

(Electronic applications along with designs can be emailed to philhealth.online@gmail.com)

Name:		
Organization's name (for group par	ticipation)	
Point Person's name:		
Address:		
Home Phone:	Cell Phone:	
Email:		
Brief Description of logo:		

I have read and fully understand and will comply with the rules and conditions of this contest. I understand that if my entry is chosen as the winner all or part of the artwork will be used to represent the Corporation in any and all public communications, electronic transmissions and other multimedia, hence I relinquish all claims to any and all copyrights, royalties and other benefits derived from the reproduction of this work, other than the prize awarded the winning entry.

Signature _____

Date:_____

For more information: Tel. No. 637-6262

Submission Deadline: 12 midnight, December 31, 2011