



SUBSCRIPTION FORM

Document No: FM-IP-01-03

Effective Date: January 20, 2020

CLIENT'S NAME:

Business Address:

Type of Industry:

Contact Person:

Designation:

Email Address:

Website:

Phone No:

Fax No:

Mobile No:

For ICEP use only

Date of Request:

Date of Issue:

Rep:

PROGRAMS & SERVICES:☐ **CAMPUS RECRUITMENT****Package****Description****Target Course****Schedule**☐ Capsule A

1 day Recruitment

☐ Capsule B

Half day Recruitment

☐ Capsule C

Laboratory Assistance

☐ **CAREERLINK** <http://careerlink.mapua.edu.ph>**Package****Description****Posting Period**☐ Capsule A

Unlimited Posting

☐ Capsule B

Single Posting

☐ **GRADUATES' DIRECTORY****Package****Description****Target Course****Target Term/Academic Year**☐ Capsule A

Annual Package

☐ Capsule B

Quarter Package

☐ Capsule C

4 in 1 Package

☐ Capsule D

Single Package

☐ **JOB ADS BULLETIN****Package****Description****Posting Period**☐ Capsule A

Full Package

☐ **RESUME BOOK****Package****Description****Target Course****Target Term/Academic Year**☐ Capsule A

Annual Book

☐ Capsule B

Quarter Book

☐ Capsule C

4 in 1 Book

AUTHORIZED REPRESENTATIVE:

Signature over printed name

Date/Time

Note: All information shall be used by the University for legitimate purposes specifically for ICEP services, and shall be processed only by authorized personnel in accordance with the Data Privacy Policy of the University.

FOR ICEP USE ONLY

Mode of Payment:

☐ Cash☐ Check

Amount:

OR No:

Receipt No:

Date:

Processed by:

Remarks:

☐ Campus Recruitment☐ Careerlink☐ Graduates Directory☐ Job Ads Bulletin☐ Resume Book

Billed:

Date:

PAYMENT VERIFICATION

Treasurer's Office