

## Republic of the Philippines Department of Education



## Tanggapan ng Kalihim Office of the Secretary

JAN 09 2006

DepEd MEMORANDUM , s. 2005 12

## TOPPS SPECIAL CONGRESS

To: Regional Directors

Schools Division/City Superintendents Heads, Public Elementary and Secondary Schools

The Teachers Organization of the Philippine Public Sector (TOPPS) will hold its Special Congress on January 19-20, 2006 at RACSOS Beach Resort

Guimbal, Iloilo with the theme: "TOPPS: Working in Unison, Working Towards the Same Direction for Quality Education".

2. The special congress aims to:

strengthen the unity of teachers' organizations;

discuss the 2-year program intended for education sector; and b.

promote solidarity among the teachers and come up with educational reform agenda for executive and legislative action.

- Free accommodation and major transportation fare shall be provided by the organization to the invited TOPPS union leaders.
- All invited leaders/participants are requested to confirm on or before January 6, 2006 through text or by accomplishing the attached form and send through fax or mail.
- 5. The leaders delegate to the Congress shall coordinate with the school head/department head to make sure that the appropriate substitute teacher is assigned while she/he is attending the Teachers' Congress.
- 6. For more information, contact Ms. Tarcela S. Farolan, tel. no. (02)631-8494. mobile no. 0917-4956193 or Mr. Danilo Portuguez. Telefax no. (02) 691-99-64, mobile no. 0916-322253.
- 7. Immediate dissemination of this Memorandum is desired.

Officer-In-Charge

Encl.: As stated Reference: None

Allotment: 1 -(D.O. 50-97) To be indicated in the Perpetual Index under the following subjects:

> SOCIETY OR ASSOCIATIONS **TEACHERS**

## PARTICIPANTS CONFIRMATION SLIP

Name of Union/ Organization;
School address :
Telephone/Fax number :
Division/Region
Name of participant/s 1
2
Position in the organization/union:
Gender ( please check the appropriate box ) male female
Home address :
Contact person in case of emergency:
Address and telephone number:
Please check the space provided:
If no, please state the reason:
Thank you .
Signature over Printed Name
Date submitted: