



JUL 1 0 2009

DepED MEMORANDUM  
No. **310**, s. 2009

2009 NATIONAL CONVENTION OF SCHOOLS SUPERINTENDENTS

To: Undersecretaries  
Assistant Secretaries  
Bureau Directors  
Directors of Services/Centers and Heads of Units  
Regional Directors  
Schools Division/City Superintendents

1. The Philippine Association of Schools Superintendents, Inc. (PASS) announces the holding of its national convention in celebration of its 60<sup>th</sup> Foundation Anniversary on July 29-31, 2009 at Canyon Cove, Nasugbu, Batangas. This year's theme is "The PASS at 60 and Beyond: Sustaining the Gains of Committed Leadership".
2. The convention aims to:
  - a. recognize and celebrate individual and institutional accomplishments of superintendents through exemplary performance of their duties;
  - b. explore ways to respond to emerging demands on the role of superintendents in the light of school-based management; and
  - c. strengthen mutual support among superintendents in the face of diverse challenges of the job.
3. Participants to this live-in convention are regional directors, assistant regional directors, schools division superintendents, assistant schools division superintendents, ASDS-designates and retired PASS members. Bureau and center directors, heads of units and chiefs of divisions who are members of the Philippine Association of Schools Superintendents, Inc. (PASS) and designated committee members. Attendance to this convention is **on official business**.
4. Female participants are required to wear Filipiniana-inspired attire while the males shall wear long-sleeved Barong during the Opening Program and the Grand Ball on Day 1.
5. A registration fee of Seven Thousand Five Hundred Pesos (PhP7,500.00) shall be collected from each participant to cover hotel accommodation, breakfast(2), lunch(2), dinner(2), snacks(4), conference kit and other

incidental expenses chargeable against local funds subject to the usual accounting and auditing rules and regulations.

6. Participants are expected to register and check in at the venue at 1:00 in the afternoon of July 29, 2009, Wednesday. The first meal (dinner) will be served on the same day. Check-out time will be at 2:00 in the afternoon of July 31, 2009, Friday.

7. Participants are expected to pre-register using the enclosed form on or before July 10, 2009 with their respective PASS Regional Chapter Presidents/Treasurers who are authorized to accept payments and issue official receipts.

8. For queries, the participants may contact the National PASS Office, DepED Central Office, Meralco Avenue, Pasig City through tel. no.: (02) 638-8635; mobile phone no.: 0917-6045-378 (Ms. Pat Gabriel); or to the Office of the PASS Executive Secretary Dr. Maria Luisa B. Mutia at tel. nos.: (063) 341-5655 and mobile phone no.: 0928-2209-484. Announcements and notice boards may be accessed through the PASS website <http://pass-1949.ning.com>.

9. Immediate and widest dissemination of this Memorandum is desired.



**JESLI A. LAPUS**  
Secretary

Encl.:

As stated

Reference:

DepED Memorandum: No. 51, s. 2008

Allotment: 1- -(D.O. 50-97)

To be indicated in the Perpetual Index  
under the following subjects:

CONVENTIONS  
OFFICIALS  
SOCIETY or ASSOCIATIONS  
SUPERINTENDENTS

R-Maricar/DM-Convention of Schools Superintendents  
06-25-09

**National Convention of Schools Superintendents  
Canyon Cove, Nasugbu, Batangas  
July 29-31, 2009**

**REGISTRATION FORM**

**Please Print**

Surname	First Name	M.I.	Nickname:	
Position:	Division:		Region:	
Office Address:	Phone No. & Area Code:	E-mail Address:	Mobile No.:	
Home Address:			Phone No. & Area Code	
Birthdate: mm/dd/yy	Age:	Sex:	Male:	Female:
Name and Address of Contact Person in Case of Emergency:			Phone No. & Area Code: Mobile No.:	

O.R. No.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name

**National Convention of Schools Superintendents  
Canyon Cove, Nasugbu, Batangas  
July 29-31, 2009**

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Surname	First Name	M.I.	Nickname:	
Position:	Division:		Region:	
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Home Address:			Phone No. & Area Code	
Birthdate: mm/dd/yy	Age:	Sex:	Male:	Female:
Name and Address of Contact Person in Case of Emergency:			Phone No. & Area Code: Mobile No.:	

O.R. No.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed