



HOUSE OF REPRESENTATIVES

19th CONGRESS

REGISTRATION FORM

FILING OF HOUSE BILLS/HOUSE RESOLUTIONS

CONTROL NO.	ELECTRONIC COPY: <input type="checkbox"/> FLASH DRIVE	DATE:	
NAME OF HOUSE MEMBER:			
CONTACT PERSON/S:			
CONTACT NOS.:			
Name and Signature of House Member/Authorized Representative			
HB/HR (Short Title/Subject Matter)			
1.	For BIS staff use	6.	For BIS staff use
2.		7.	
3.		8.	
4.		9.	
5.		10.	
*****To be accomplished by Bills and Index Service (BIS) Staff*****			
CHECKED AND VERIFIED BY:		RECEIVED BY:	
RELEASED BY:			