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PROVINCE OF BENGUET
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ADVERTISEMENT REQUEST FORM

PGO-IT FILE

DATE: _____

OFFICE/DEPARTMENT/ESTABLISHMENT: _____

Title:

Date and/or Duration:

Program / Activity:

Advertisement:

Announcement:

Others:

File size/s: _____

*Note that this is a request form and each media type must be reviewed and approved before posting.

Requested By: _____

Signature over Printed Name and Designation

Approved By:

MELCHOR D. DICLAS, M.D.
 Provincial Governor



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