



SEEING EYE TO EYE: IDEAS TO INNOVATIONS

**2017 PAO
MIDYEAR MEETING**
APRIL 20-21, 2017 / Diversion 21 Hotel

REGISTRATION FORM

FOR SECRETARIAT USE ONLY OR NO. DATE REC.

PAO Member No.: _____

Date Accomplished: _____
Name (as it will appear on the ID) Title (Prof. / Dr. / Ms. / Mr.) :

_____	_____	_____
Last Name	First Name	M.I.
Complete Mailing Address:		
_____	_____	_____
No. Block/Lot	Street	Subdivision
_____	_____	_____
City/Province	Zip Code	Country
_____ () _____ () _____		
E-Mail Address	Tel. No.: (Country Code + Area Code) + Number	Fax No.: (Country Code + Area Code) + Number

REGISTRATION FEES

Choose applicable membership category. Tick one box that applies.

CATEGORY	EARLY BIRD (February 24, 2017)	ONSITE (February 25, 2017)
<input type="checkbox"/> PAO Member ¹	PhP 2,000.00	PhP 2,800.00
<input type="checkbox"/> Resident in training ¹	PhP 1,500.00	PhP 2,000.00
<input type="checkbox"/> Non PAO Member ¹	PhP 2,800.00	PhP 3,500.00
<input type="checkbox"/> Accompanying Person ² <i>Name of Accompanying EyeMD:</i> _____	PhP 1,500.00	PhP 2,000.00




- ¹ Includes: Convention ID and bag, access to meeting sessions and exhibits, meal stubs, and Fellowship Dinner.
- ² Members who are not in Good Standing are not eligible for the PAO member rates and have to pay full Non Member Rates.
- ³ Accompanying person includes: Convention ID, Access to Exhibit Areas and Fellowship Dinner.
- ⁴ To process registration, please fill up the Payment Details below. Use one form per registrant.

METHOD OF PAYMENT

Philippine-based delegates may choose to pay directly to PAO Secretariat or pay in cash or check to any BDO Branch by using Bills payment slip. Please indicate in the payment slip the following information:

BDO Bills Payment Facility
 Company Name: Philippine Academy of Ophthalmology or PAO
 Institution Code: OO31
 Subscriber's Account Number: PAO3333
 Subscriber's Name: Your Full Name

Direct Payment to the PAO
 Cash Payment: Php _____
 Received Date: _____
 Received by: _____
 Check Payment: Php _____
 Bank/Branch: _____
 Received by: _____

Credit Card
 The presence of the CREDIT CARD   
 and CARDHOLDER at the PAO Secretariat's office is a MUST (for card swiping and signature).

SPECIAL ASSISTANCE
OR DIET REQUIRED?

YES NO

IF YES, PLEASE SPECIFY
ON A SEPARATE SHEET
OR IN THE BOX.

REGISTRANT'S SIGNATURE

FOR MORE INFORMATION PLEASE CALL

The PAO Secretariat

Unit 815 Medical Plaza Makati Cond., Amorsolo cor. dela Rosa Streets, Makati City
Tel. No.: (+632) 813-5318; 813-5324
Fax No.: (+632) 813-5331