



2019 PAO Midyear Meeting

Hosted by: Davao Society of Ophthalmology
 “Soaring High – Gliding with the Winds
 of Change in Global Eye CARE”

April 24-26, 2019
 SMX Convention Center, Davao City



REGISTRATION FORM

Prof./Dr./Mr./Mrs./ _____

Mailing Address: _____

Tel. No.: Mobile: Fax: _____

E-mail: _____

REGISTRATION FEES

Choose applicable rate by membership category. Tick only the box that apply:

CATEGORY	EARLY BIRD (Until March 15, 2019, Friday)	ON-SITE (Starting March 16, 2019, Saturday onwards)	Registration fee
<input type="checkbox"/> PAO Member ¹	PHP2,500.00	PHP3,000.00	P _____
<input type="checkbox"/> Resident in training ¹	PHP2,000.00	PHP2,500.00	
<input type="checkbox"/> Non PAO Member ¹	PHP3,000.00	PHP3,500.00	
<input type="checkbox"/> Accompanying Person ² Name of the Accompanying EyeMD: _____	PHP2,000.00	PHP2,500.00	

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

METHOD OF PAYMENT

Delegates may choose to pay directly to PAO Secretariat or pay in cash or check to any BDO Branch, using Bills Payment slip. Please indicate in the payment slip the following information:

- BDO BILLS PAYMENT FACILITY**
 Company Name: **Philippine Academy of Ophthalmology**
 Institution Code : **00031**
 Subscriber's Account Number: **PAO3333**
 Subscriber's Name: **Full name of Eye MD or Registrant**

- DIRECT PAYMENT TO PAO SECRETARIAT**
 Cash Payment: PhP _____
 Date Received: _____
 By: _____
 Check Payment: PhP _____
 Bank/Branch: _____
 Dated: _____

PLEASE SEND THIS FORM BY EMAIL:

THE PHILIPPINE ACADEMY OF OPHTHALMOLOGY INC.

Unit 815 Medical Plaza Makati, Amorsolo St. corner Dela Rosa St., Makati City, Philippines
 Tel. Nos. (632) 813-5324 / (632) 813-5318
 Email address: secretariat_pao@globelines.com.ph