

REGISTRATION FORM: MAIN CONVENTION

Name: _____
 Last Name First Name M.I.
(to appear in certificate)

Address: _____

Phone No.: _____ Cell No.: _____

Check one () PDS Member Membership Status
 () Resident/Trainee () Good Standing
 () Non Member () Other
 () Life Member

PMA No.: _____ () Council of Elders
 PRC No.: _____ () Officer/Board member

REGISTRATION FEES (Fopr local registrants)

| | On or before October 10, 2008 | After October 10, 2008 |
|-------------------------|----------------------------------|---------------------------|
| PDS Member | Php 3,000 | Php 4,000 |
| Non PDS Member* | Php 10,000 | No onsite reg |
| Resident/Trainee | Php 2,500 | No onsite reg |
| PDS Life Member | Free | Free |

* limited slots

Payment: () Cash () Check No./Bank _____
 Received by: _____ Date: _____

TO REGISTER: REGISTRATION COMMITTEE

Dr. Ma. Angela M. Lavadia (632) 723-1002 St. Luke's Medical Center
 Dr. Elizabeth P. Prieto (632) 924-8877 East Avenue Medical Center
 (632) 929-7104
 Dr. Valerie Floro-Herbosa (632) 817-0523 Makati Medical Center
 Dr. Camille B. Angeles (632) 853-8663 OneHealth Medical Clinic Magallanes,
 Makati City
 PDS Secretariat (632) 723-0101 loc. 2015 (632) 727-7309

REGISTRATION GUIDELINES

- DEADLINE FOR PRE-REGISTRATION IS OCTOBER 10, 2008.
- CHECKS will be accepted only UNTIL OCTOBER 10, 2008. STRICTLY CASH BASIS thereafter.
- Please make check payable to PHILIPPINE DERMATOLOGICAL SOCIETY.
- On-site registration is subject to slot availability.
- Refund will be issued if cancellation of registration is made on or before OCTOBER 10, 2008. No refund will be issued thereafter.
- FOR MAIN CONVENTION:
 - Open to PDS members, PDS Residents and Non-Members (limited slots only).
 - MEMBERS must be:
 - updated and fully paid of all annual dues
 - in good standing with membership committee

To avail of the member's registration rate. A certification to this effect maybe required, if necessary.

- NON-MEMBERS: Must present their valid PRC ID for identification.

