



A. PERSONAL INFORMATION

Date: _____

Title : (Mr. / Ms./ Mrs.) First Name: _____ Last Name: _____

Department / Institution/Organization: _____

Address: _____

Country: _____ E-mail: _____

Tel. No.: (_____) _____ Fax No.: (_____) _____

Website: _____

Accompanying Person/s

Title : (Mr. / Ms./ Mrs.) First Name: _____ Last Name: _____

Department / Institution/Organization: _____

Address: _____ Country: _____

E-mail: _____ Tel. No.: (_____) _____

Fax No.: (_____) _____ Website: _____

Title : (Mr. / Ms./ Mrs.) First Name: _____ Last Name: _____

Department / Institution/Organization: _____

Address: _____ Country: _____

E-mail: _____ Tel. No.: (_____) _____

Fax No.: (_____) _____ Website: _____

B. PARTICIPATION COST

Inclusion of Entrance to Conference for 2 days, 2 Snacks for 2 days, Dinner for 2 nights, Conference kit and Certificate of Participation.

DELEGATE TYPE	CONFERENCE RATE		TOTAL
	EARLY BIRD RATE FOR YR 2009 July 16-Sept. 30	STANDARD RATE October 2009 Onwards	
Developing	\$ 220	\$ 250	
Developed	\$ 275	\$ 300	

C. ACCOMMODATION - Manila Hotel, Philippines

Inclusive of accommodation for 4 nights daily breakfast, welcome drinks, welcome fruits, mineral water daily, newspaper, WIFI internet connection, Shuttle service to major shopping malls, complimentary use of Fitness Center and outdoorpool, 1 day tour to Corregidor (transfer, round-trip ferryboat transfer, light & sound show, buffet lunch, shrine & terminal fees, airport - hotel-airport transfer.

Hotel Accommodation (Prices below are for event rates only)	From January 13-16, 2010			TOTAL
Please tick <input type="checkbox"/>	Single	Twin Sharing/per head	Triple Sharing/per head	
preferred room <input type="checkbox"/>	\$ 890 <input type="checkbox"/>	\$590 <input type="checkbox"/>	\$516 <input type="checkbox"/>	

D. TERMS OF PAYMENT

Cheque Payment or Telegraphic Transfer

Account Name: Philippine Academy for Implant Dentistry

Account Number: 0411-018482

Branch: BPI Blueridge Branch Katipunan

Swift code: BOPIPHMM

NOTE:

-Bank Charges should be for the account of the delegates

-Kindly Fax or Email (mai_mgt@compass.com.ph) t/t remittance form and filled-up confirmation form at (632) 898-2198 to ensure registration.

Grand Total: _____

Signature Over Printed Name

