



# 2019 PAO CONGRESS

DECEMBER 5 - 8, 2019 SMX Convention Center, Pasay City

# INSIDE OUT

## OPHTHALMIC SUPPORT STAFF COURSE REGISTRATION FORM

FOR SECRETARIAT USE ONLY

[ AP ]

OR NO.

DATE REC.

PAO Member No.: \_\_\_\_\_

### REGISTRANT INFORMATION

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

**YOU MUST COMPLETE THE REGISTRATION FORM AND MAIL TO THE PAO SECRETARIAT, OTHERWISE, REGISTRATION WILL NOT BE PROCESSED.**

Last Name		First Name	M.I.
<b>Complete Mailing Address:</b>			
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

COURSES	DATE	ADVANCE RATE	ONSITE RATE
		Until November 15, 2019 (Friday)	Starting November 16, 2019 (Saturday)
Basic Course *	December 5 / Thursday 8:00 am - 5:00 pm Function Room 2	Php 2,000	Php 3,500
Cataract Surgery Course **	December 6 / Friday 2:00 pm - 4:00 pm Function Room 1	Php 1,750	Php 2,500
Glaucoma Course **	December 6 / Friday 4:00 pm - 5:00 pm Meeting Rooms 7-9	Php 1,500	Php 2,200
Ocuplasty Course / Pediatric Ophthalmology and Strabismus Course **	December 6 / Friday 10:00 am - 12:00 pm Meeting Rooms 7-9	Php 1,750	Php 2,500
Errors of Refraction / Refractive Surgery Course **	December 6 / Friday 8:00 am - 10:00 am Meeting Rooms 7-9	Php 1,750	Php 2,500
Retina Course **	December 6 / Friday 4:00 pm - 5:00 pm Meeting Rooms 7-9	Php 2,200	Php 3,000

#### Instructional Courses

Course Code \_\_\_\_\_ = PhP \_\_\_\_\_

Course Code \_\_\_\_\_ = PhP \_\_\_\_\_

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**TOTAL PAYMENT DUE = PhP \_\_\_\_\_**

**Note:** \*Fee is inclusive of handouts, materials and lunch.  
\*\*Fee is inclusive of handouts and materials ONLY  
Pre-registered participants are reserved handouts.  
For on-site registrants, hand-outs will be given on a "first-come, first-served" basis, until supplies last.

PAO Member Endorsement  
(Signature over Printed Name)

### METHOD OF PAYMENT

BDO Bills Payment Facility

**Company Name:** The Philippine Academy of Ophthalmology or PAO  
**Institution Code:** 00031  
**Subscriber's Account Number:** PAO1700 (for OSSC Registration fee)  
**Subscriber's Name:** Your Full Name

Cash Payment: PhP \_\_\_\_\_  
Received Date: \_\_\_\_\_  
Received by: \_\_\_\_\_  
  
Check Payment: PhP \_\_\_\_\_  
Bank/Branch: \_\_\_\_\_  
Received by: \_\_\_\_\_

PayPal (To use Paypal, please log on to www.paoannualmeeting.com)

Registrant's Signature

### FOR MORE INFORMATION PLEASE CALL

**The PAO Secretariat**  
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