

## **REGISTRATION FORM**

SECRET USE	FOR TARIAT AP OR	NO. DATE REC.				-
REGIS1	TRANT INFORMATIO	DN				
	omplished: it will appear on the ID) Titl	_ e (Prof. / Dr. / Ms. / Mr.) :				
	Last N	Name	First Name		M.I.	
Complete Mailing Address:			Street		Subdivision	
	City/Pr E-Mail Address	( )	Zip Code		Country ) Fax No.: (Country Code + Area Code) + Number	
REGIS1	TRATION FEES					, 
	(	CATEGORY	Until Aug	BIRD RATE just 15, 2019 riday)	ONSITE RATE Starting August 16, 201 (Saturday)	19
	PAO Member		☐ Php 700		☐ Php 1,500	
	PAO Member-in-Training Non Member			) 400 ) 1,500	☐ Php 1,500 ☐ Php 3,000	
METHOD OF PAYMENT  Cash Payment: PhP						
□ BDO Bills Payment Facility  Company Name: The Philippine Academy of Ophthalmology			nology or PAO	Received Date: Received by:		
Institution Code: 00031		Check Paymer		PhP		
Subsc	Subscriber's Account Number: PAO1800 (for 20th Anniversary of		PCS Registration fee)  Bank/Branch: Received by:			
Subscriber's Name: Your Full Name					aypal, please log on to www.paoan	nualmeeting.com)
					Registrant's Sig	nature
EOR M	ORE INFORMATION	PI FASE CALL	·			