

REGISTRATION FORM

2010 Research Instructional Course "RESEARCH & EBM: Bridging the Gaps"

September 4, 2010, Saturday, 8:00 AM – 12:00 NN
5th Floor, Dr. Romeo Espiritu Auditorium, Sentro Oftalmologico Jose Rizal,
Philippine General Hospital, Manila

REGISTRANT INFORMATION

Title: (please encircle): Prof. / Dr. / Ms. / Mr.

Last Name First Name Middle Initial

Mailing Address:

No. Street Barangay

City Province Zip Code

Hospital Affiliation: _____

E-Mail Address: _____

Mobile No: _____

REGISTRATION FEES

ON or BEFORE August 28, 2010	Php 200.00
After August 28, 2010	Php 300.00

PAYMENT OPTIONS

Pre-registration

- 1. Direct payment to PAO Secretariat:
 - Check payment (payable to: Philippine Academy of Ophthalmology)
 - Cash payment
- 2. BDO Bills Payment: in any BDO branch (**use orange, payment slip**)
 - Company Name: **Philippine Academy of Ophthalmology or PAO**
 - Institution code: **0031**
 - Subscriber's Account No.: **PAO3333**
 - Subscriber's Full name: **Full name of Eye MD or registrant**

On-Site Registration: Cash payment only

**Please send this form by fax at 813-5331 or by email to
secretariat_pao@globelines.com.ph**