REGISTRATION FORM

(PLEASE CHECK)✓

☐ PSH Member  ☐ PLAS Member  ☐ Non Member  ☐ Government Physician
☐ Allied Health Professional  ☐ Accompanying Person  ☐ Intern / Resident / Fellow in Training

NAME
Please print
Last name
First Name
M.I.

ADDRESS

Affiliate Institution:
Specialty:

Telephone (Home): (Office):
Cell phone No.: Fax:

E-mail address:

PRC License Number:  Sex:  Male ☐  Female ☐

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Before December 14, 2018</th>
<th>ONSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>₱ 2,500.00</td>
<td>₱ 3,000.00</td>
</tr>
<tr>
<td>Non-Member</td>
<td>₱ 3,000.00</td>
<td>₱ 3,500.00</td>
</tr>
<tr>
<td>Government Doctor</td>
<td>₱ 2,500.00</td>
<td>₱ 3,000.00</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>₱ 2,000.00</td>
<td>₱ 2,500.00</td>
</tr>
<tr>
<td>(Nurse / Midwife / Physical Therapist / Nutritionist / Dietitian)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanying Person</td>
<td>₱ 1,500.00</td>
<td>₱ 2,000.00</td>
</tr>
<tr>
<td>Resident/Intern/Fellow-in-Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Must present certificate of training)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MODE OF PAYMENT

☐ Cash  : __________________________  Receipt No.  : __________________________

☐ Check (Bank, check #): ____________  Received by  : __________________________

a.) Please make check payable to:
PHILIPPINE SOCIETY OF HYPERTENSION, INC.

b.) Remittance through T/T to correspondence Bank
Bank of the Philippine Islands (BPI)
Account No. 3301-0178-97
Shaw Boulevard Branch Mandaluyong City
Email your deposit slip together with this registration form at phihpn@yahoo.com

PSH-PLAS SECRETARIAT
Unit H- 11th Floor, STRATA 100 Bldg, Ortigas Complex, 1605 Pasig City
Telephone Nos. 696-2819
Email Address: phihpn@yahoo.com

THIS FORM MAY BE REPRODUCED