Cutting Edge Ophthalmology:
UPDATED TECHNIQUES FOR EYE SURGERY
November 26-29, 2008 SMX Convention Center

HOTEL REGISTRATION FORM

PHILIPPINE ACADEMY OF OPHTHALMOLOGY 1945

FOR SECRETARIAT USE ONLY [AP] OR NO. _____ DATE REC.

REGISTRATION INFORMATION

Date Accomplished: _____

Title: Prof. / Dr. / Ms. / Mr.

DEADLINE FOR GUARANTEED BOOKING - October 15, 2008
TO REGISTER FOR THE YEAR 2008 ANNUAL MEETING OF THE PAO,
YOU MUST COMPLETE THE REGISTRATION FORM AND MAIL OR FAX IT TO PAO SECRETARIAT.
YOU ARE NOT AUTOMATICALLY REGISTERED IF YOU MAKE A HOTEL RESERVATION.

Last Name _____ First Name _____ M.I. _____

Complete Mailing Address: _____

City/Province _____ Zipcode _____ Country _____

E-Mail Address: _____ ( ) Tel. No.: ((Country Code + Area Code) + Number _____ ( ) Fax No.: ((Country Code + Area Code) + Number _____

RESERVATION INFORMATION

Name in Reservation: _____
Sharing with: _____
Hotel Arrival Day/Date/Time: _____
Carrier/Flight No. (Arrival): _____
Flight Arrival Day/Date/Time: _____
Hotel Departure Day/Date/Time: _____
Carrier/Flight No. (Departure): _____
Flight Departure Day/Date/Time: _____
Additional Information: _____
Special Housing Accommodation: _____
Room Type: ___ **Smoking** ___ **Non-Smoking** _____

SPECIAL ASSISTANCE OR DIET REQUIRED? ___ YES ___ NO
IF YES, PLEASE SPECIFY BELOW OR ON A SEPARATE SHEET.

_____

NOTE: RATES ARE INCLUSIVE OF APPLICABLE TAXES AND ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

HOTEL ROOM DEPOSIT

In order to guarantee your room, your credit card will be charged a minimum deposit equivalent to the first night's room deposit. Reservations without a valid credit card will not be accepted.

CANCELLATIONS: Fifty percent (50%) of the hotel room deposit is refundable if the PCOC receives written notification of cancellations by October 15, 2008. Please do not contact the hotel directly to avoid confusion.

TYPE OF ACCOMMODATIONS

Official Hotels	Room Type	Rates
Sofitel Philippine Plaza	Superior Single	PhP 6,554.00 nett/night basis
	Superior Double	PhP 7,348.00 nett/night basis
	Deluxe SIngle	PhP 8,053.00 nett/night basis
	Deluxe Double	PhP 8,933.00 nett/night basis
Heritage Hotel	Deluxe Single	PhP 5,800.00 nett/night basis
	Deluxe Double	PhP 6,200.00 nett/night basis
Hyatt Hotel and Casino Manila	King Size Bed	PhP 7,222.00 nett/night basis
	Twin Size Bed	PhP 7,777.00 nett/night basis
Trader's Hotel	Deluxe - Single / Double	PhP 5,800.00 nett/night basis

Note: *Shuttle service from Hotel to SMX Convention Center (vice versa) is only available to the above-mentioned hotels.*

Hotel Airport Shuttle	Car Type (rates per/way)	Nissan Sentra or Chevrolet Optra	BMW 520
Sofitel Philippine Plaza	One Way (Airport to Hotel only)	PhP 875	PhP 1,950
	One Way (Hotel to Airport only)	PhP 875	PhP 1,950
	Two Ways	PhP 1, 750	PhP 3,900

Alternative Hotels	Room Type	Rates
Diamond Hotel	Deluxe Single/Double	PhP 7,500.00 nett/night basis
Pan Pacific Hotel	Superior Single	PhP 6,765.00 nett/night basis
	Superior Double	PhP 7,380.00 nett/night basis

RESERVATION DEPOSIT

I WOULD LIKE TO GUARANTEE MY ROOM RESERVATION BY CREDIT CARD AS INDICATED BELOW:

CREDIT CARD [ ] VISA [ ] MasterCard [ ] JCB [ ] American Express Cards

Card Number: _____

Cardholder's Name: _____ *(as it appears on card)*

Name in Registration Form: _____ *(if different)*

Issuing Bank/Institutions: _____

Expiry Date: m m y y Birthdate: d d m m y

I hereby authorize the Philippine Academy of Ophthalmology to charge my credit card the amount of _____ for my hotel booking as indicated in this form.

_____ Cardholder's Signature _____ Date

REMINDER: PLEASE ATTACH A COPY OF THE CREDIT CARD (FRONT & BACK) WITH SPECIMEN SIGNATURE ON THE LOWER PART OF THE PHOTOCOPY SHEET.

PLEASE SEND THIS FORM BY FAX OR MAIL TO:

Ms. Lita Ang De-Jesus
Philippine Congress Organizing Center,Camella Alabang I
B6 L8, Alabang, Muntinlupa City, Philippines
Tel: 659-1509; 809-9229 • Fax: 809-9229 • Email: ladejesus53@yahoo.com