



Crossroads in Ophthalmology

The Great Debates

November 18-20, 2010 SMX Convention Center Pasay City, Philippines

HOTEL REGISTRATION FORM

FOR SECRETARIAT USE ONLY

[AP]

OR NO.

DATE REC.

REGISTRATION INFORMATION

Date Accomplished: _____

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

_____ Last Name _____ First Name _____ M.I.

Complete Mailing Address: _____

_____ City/Province () _____ Zip Code () _____ 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 16, 2010. Please do not contact the hotel directly to avoid confusion.

RESERVATION DEPOSIT

Philippine-based delegates may choose to pay directly to PAO Secretariat or pay in cash or check to any BDO Branch by using Bill payment slip. Please indicate in the payment slip the following information:

BDO Bills Payment Facility

Company Name: Philippine Academy of Ophthalmology

Institution Code : 0031

Subscriber's Account Number: PAO4444

Subscriber's Name: Full name of Eye MD or Registrant

Direct Payment to PAO Secretariat

Cash Payment: Php _____ Check Payment: Php _____

Received Date: _____ Bank/Branch: _____

Received by: _____ Date: _____

TYPE OF ACCOMMODATIONS

Official Hotels	Room Type	Rates
Sofitel Philippine Plaza Hotel	Classic Single	Php 6,960.00 nett/night basis
	Superior Single	Php 7,950.00 nett/night basis
Heritage Hotel	Deluxe Single	Php 7,371.00 nett/night basis
	Deluxe Twin	Php 7,560.00 nett/night basis
	Standard Room	Php 5,500.00 nett/night basis
Microtel Inn & Suites	Premium Room	Php 6,700.00 nett/night basis
	Suite Room	Php 7,700.00 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)	Cefiro	BMW
Sofitel Philippine Plaza Hotel	One Way (Airport to Hotel only)	Php 2,300.00	Php 2,450.00
	One Way (Hotel to Airport only)	Php 2,300.00	Php 2,450.00
	Two Ways	Php 4,600.00	Php 4,900.00

Alternative Hotel	Room Type	Rates
Marriott Hotel	Deluxe Single/Twin	Php 7,800.00 nett/night basis

Credit Card



Card Number: _____

Cardholder's Name: _____

Issuing Bank/Institutions: _____

Expiry Date: _____ Birthdate: _____
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I hereby authorize the respective hotel 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.

Note: Please present your credit card upon check-in at the hotel.

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