

TEN TOPICS IN RHEUMATOLOGY-ASIA

Registration Form

Title: Prof Dr Mr Mrs Ms

Given name: _____ Family name: _____

Mailing address: _____

Telephone: _____ Fax: _____ Mobile: _____

E-mail: _____

(Tick appropriate box, specify clinic/institution)

Private practice _____ Government service _____

Trainee/ student _____

Registration fees

Designation	Early registration By 30 Sep 2009	On-site registration
Private Practitioners	PhP 2,000.00	PhP 3,000.00
Government physicians/ PRA members/ Trainees/ Medical students (with certification)	PhP 1,000.00	PhP 2,000.00

PAYMENT

Enclosed is my total payment of PhP _____ to be made through:

- Cheque addressed to: **Rheumatology Educational Trust Foundation, Inc.**
Deliver or mail check to:
Ms. Louie Morales
Rm 1000 Medical Arts Building University of Santo Tomas Hospital
España, Manila 1008
- Bank transfer to ***Security Bank Corp*** (University of Santo Tomas)
UST campus, Manila, Philippines 1015
Swift code: SETC – PHMM
Peso Account No. 0171-023583-001
Transaction Date: _____

Pls email or fax completed form to 10topicsasia09@retfi.org or (02) 749-9746