

1 - 3 March 2018 | Fairmont Makati, Philippines

Please complete and send scanned copy with payment receipt to the:  
10<sup>th</sup> ORLIAC Secretariat  
E-mail: [organizer@orliac2018.com](mailto:organizer@orliac2018.com)

## DELEGATE

Please Tick     Dr.     Mr.     Mrs.     Miss

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

BADGE NAME \_\_\_\_\_ HOSPITAL AFFILIATION \_\_\_\_\_

DESIGNATION \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

SPECIAL DIETARY REQUIREMENT (MUSLIM/VEGETARIAN) \_\_\_\_\_

## ACCOMPANYING PERSON

Please Tick     Dr.     Mr.     Mrs.     Miss

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

BADGE NAME \_\_\_\_\_ SPECIAL DIETARY REQUIREMENT (MUSLIM/VEGETARIAN) \_\_\_\_\_

## REGISTRATION

Please tick off Registration Category

	EARLY BIRD REGISTRATION	REGULAR REGISTRATION	ONSITE REGISTRATION
Cut-off Date	until 31 October 2017	01 November 2017 - 31 January 2018	01 February - 02 March 2018
<input type="checkbox"/> ORL Specialist	US\$ 400.00	US\$ 450.00	US\$ 500.00
<input type="checkbox"/> Trainee/Resident	US\$ 300.00	US\$ 350.00	US\$ 400.00
<input type="checkbox"/> Accompanying Person	US\$ 200.00	US\$ 200.00	US\$ 200.00

## ACCOMMODATION

Single     Twin    Number of Nights Required \_\_\_\_\_

Please indicate Room Preference

ROOM CATEGORY	NIGHTLY ROOM RATE (SINGLE/DOUBLE/TWIN OCCUPANCY)
<input type="checkbox"/> Fairmont Room (standard)	PhP8,200.00 nett
<input type="checkbox"/> Deluxe	PhP9,200.00 nett

Nett rates are on a per room per night basis and are quoted in Philippine Pesos. Rates are inclusive of daily buffet breakfast at Spectrum, government taxes and service charges.

Rates can only be guaranteed if a one-night deposit is received on or before 31 December 2017. The deposit is non-refundable after 15 January 2018 for cancellations received after this date and for non-arrival on the date for which you have booked.

**FLIGHT DETAILS**

	CARRIER AND FLIGHT NUMBER	DATE	TIME
Arrival			
Departure			

**HOTEL TRANSFERS**

Hotel Transfers upon arrival and upon departure costs US\$30.00 per person per one-way.  
Please indicate preferred arrangement:

One-way, upon Arrival       One-way, upon Departure       Two-way, both upon Arrival and Departure

**PAYMENT SUMMARY**

PAYMENT CATEGORY	AMOUNT DUE
Registration Fee	
Accommodation	
Hotel Transfer	

**PAYMENT DECLARATION**

✔ **REGISTRATION FEES & HOTEL TRANSFERS:** Payment of registration fees and hotel transfers can be made using either of the following options

<input type="checkbox"/> <b>Wire Transfer*</b>  <i>* Delegates must bear bank charges</i>	ACCOUNT NAME	The U.P. Medical Foundation, Inc.
	ACCOUNT NUMBER	Savings Account 103732201-9
	BANK NAME	China Bank (Main Office)
	SWIFT CODE	CHBKPHMM
	BANK ADDRESS	745 Paseo de Roxas cor. Villar St., Makati City

Please scan and send a copy of the wire transfer receipt for faster tracking.

<input type="checkbox"/> <b>Demand Draft</b>	ACCOUNT NAME	The U.P. Medical Foundation, Inc.
	SEND TO	Room 104, U.P. College of Medicine 547 Pedro Gil St., Ermita 1000 Manila, Philippines

✔ **ACCOMMODATION** : You can reserve for your room online at <https://aws.passkey.com/go/10thorliac>. The special conference rates are being extended to 10th ORLIAC delegates up to 2 days before and 2 days after.

**FOR 10<sup>th</sup> ORLIAC SECRETARIAT USE ONLY**

Received by \_\_\_\_\_ Payment Received by \_\_\_\_\_

Date Received \_\_\_\_\_ Date Payment Received \_\_\_\_\_

Amount \_\_\_\_\_