

REGISTRATION PROCEDURES

PRE-REGISTRATION

1. Pre-registered delegates should proceed to the FOYER outside the MAIN BALLROOM of CROWNE PLAZA MANILA for claiming of certificates and kits.
2. Delegates or their representative with ORIGINAL UCPB payment slip or ORIGINAL official receipt should proceed to the counter with corresponding **FIRST LETTER OF YOUR REGISTERED LAST NAME**. Married names like Dy-Co will be under the letter D. If your name is on the master list, your certificate of attendance together with your official receipt and convention kit will be released to you. The UCPB payment slip will be collected from you or your representative. Please sign on the master list claim form.
3. Names not included on the master list but with original UCPB payment slip paid ON OR BEFORE January 15, 2018 should proceed to verification counter and look for Ms. Jhen. Your certificate of attendance, kit and official receipt will be issued at the verification counter after resolving the reason of the non-inclusion of your name in the master list.
4. NO payments/registration will be accepted for pre-registration after January 15, 2018. All delegates should proceed to the ON-SITE registration starting FEBRUARY 21, 2018 8:00AM (BAR ONE CROWNE PLAZA). In the event that your payment was accepted by UCPB after January 15, 2018 and you have your original PAYMENT SLIP, please proceed to verification counter for assistance.
5. If you are claiming for more than one delegate, you have to keep on lining up on the designated counters with the corresponding last names. NO BULK CLAIMING station will be provided.
6. Delegates with no original UCPB payment slip or original receipt during claiming but whose names appear on the master list will be given their certificate of attendance after presenting proof of identity (PRC card, license, or the like) and a PHOTOCOPY of the ID presented. For your convenience, scanner/photocopier will be available at the verification counter. The ORIGINAL receipt will NOT be released. Only the delegate can claim his certificate in this circumstance.
7. Representatives will not be allowed to claim certificate of attendance if they do not have the ORIGINAL UCPB PAYMENT SLIP OR ORIGINAL RECEIPT.
8. Double registration will not be refunded. OFFICIAL RECEIPTS for the double registration will be issued and 2 certificates of attendance will be issued.
9. Senior citizens, pregnant person and PWD counter will be available. We will assist you in claiming your certificate of attendance. Present your ORIGINAL UCPB payment slip or ORIGINAL receipt to facilitate claiming of certificates.
10. Misplaced ID and certificate of attendance can be replaced ONCE only for a fee of two hundred pesos (P200.00) after checking from the master list proof of registration in the convention.
11. Kits will be issued until supplies last.

*The registration committee encourages all delegates to claim their certificate of attendance on February 21, 2018. Please BRING YOUR ORIGINAL UCPB YELLOW PAYMENT SLIP AND OR OFFICIAL PIDSP RECEIPT to facilitate claiming.

ON-SITE REGISTRATION


1. On-site registration will start on February 21, 2018 at 8:00AM (BAR ONE, 3RD FLR., CROWNE PLAZA GALLERIA MANILA)
2. Only cash payments will be accepted.
3. Accomplish registration form and proceed to any open counter and submit your form together with your payment. Certificate of attendance, official receipt and convention kit will be issued to you.
4. Lost ID or certificate of attendance can only be replaced ONCE for a fee of two hundred pesos.
5. Kits will be issued until supplies last.

FORM OF PAYMENT (CASH / CHECK)

A. Bank Account Transfer

Account Name	Bank	Account Number
<u>LOCAL DELEGATES</u> Pediatric Infectious Disease Society of the Philippines	UCPB, Malabon Branch	Institution Name: PIDSP or Institution Code: 3007
<u>FOREIGN DELEGATES</u> Pediatric Infectious Disease Society of the Philippines	BPI Family Bank, No. 34 Timog Avenue, Quezon City, Philippines	6854-0043-34 • Swift Code: BOIPHMM • International Code: 021000021

B. UCPB Payment Slip

		PAYMENT SLIP	
Validation (Not official unless machine validated)			
Payment for (Name of Institution) PIDSP or 3007		Date	
Payor's Name NAME WILL REFLECT ON YOUR CERTIFICATE			
Subscriber Account No. PRC NUMBER		Contact No.	
Other Information CORRECT MOBILE NUMBER		Mode of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit	
CASH PAYMENT BREAKDOWN			
Denomination	Quantity	Amount	
Total Cash Payment			
CHECK PAYMENT BREAKDOWN <small>(Indicate Subscriber name and account number at the back of each check and endorse properly)</small>			
Bank/Branch	Check Number	Amount	
Total Check Payment			
DEBIT FROM ACCOUNT			
Account Number		Amount	
_____ Signature of Depositor			
_____ Signature of Depositor			
Verified		Approved	
This payment is made and accepted subject to the terms and conditions covering the payee's account with the institution indicated above.			
<small>UCPB Form No. 4-2327 Revised 5/2010</small>		<small>Member: PDIC</small>	

- C. Please email (pidspinc@yahoo.com) deposit slip together with registration form to the PIDSP Secretariat as proof of payment.
- D. Please email (pidspinc@yahoo.com) deposit slip together with registration form. Personal Checks will be accepted until 15 January 2018 only. No post-dated checks will be accepted.
- E. All pre-registration payments should be made on or before 15 January 2018. Registration should be made on-site after this date.

REGISTRATION FEES

TYPES OF PARTICIPANTS	PRE-REGISTRATION (until Jan. 15, 2018)	ON-SITE REGISTRATION
Consultant (Non-Member)	Php 4,000	Php 5,000
Residents/Fellows* Government Physicians** Allied Health Practitioners	Php 3,500	Php 5,000
PWD/Senior Citizen***	Php 3,200	Php 4,000
PIDSP Members in good standing only****	Php 3,000	Php 3,000
Foreign Delegates	USD 150	USD 200
<p>*Residents/Fellows in training are required to submit certificate of training signed by respective Chair or Training Officer to avail of discount</p> <p>**Government Physicians (<i>Medical Officer/Municipal Health Officer</i>) must show certificate of employment and/or valid ID</p> <p>***PWD/Senior Citizen must present valid ID</p> <p>****PIDSP Fellow/Diplomates/Associate/Affiliate with updated annual dues</p>		

PIDSP REGISTRATION FORM

FIRST NAME:	LAST NAME:	M.I.
PRC NO.	PMA NO.	
E-MAIL ADDRESS:		
CELLPHONE NO.:		
TELEPHONE NO.:	PPS MEMBER? _____ YES _____ NO	
MAILING ADDRESS:		
HOSPITAL AFFILIATION:		

**PLEASE ATTACH
DEPOSIT SLIP HERE**

PIDSP SECRETARIAT CONTACTS:

Telephone No.: **374-1855**

Cellphone Nos. **Smart (0928)522-1108 / Globe (0917)834-9837**

E-mail address: pidspinc@yahoo.com