

Be there and Be a part of the....

Exhibit Expo 2017

Join the Exhibits



Attend the Conference, high class speakers will talk on scientific and clinical topics in the hospital industry



Register and Vote for your leaders



ELECTION OF
PHA
OFFICERS



Win
Big
Prizes



JOIN and be a WINNER

Enjoy the Night
Theme: Regional Festival



PHILIPPINE HOSPITAL ASSOCIATION 68th Annual National Convention



The Smartway to Excellence
in Global and Local Healthcare

November 15 – 17, 2017

Manila Hotel, One Rizal Park, Manila, Philippines

PAYMENT DETAILS:

Registration Fee (inclusive of VAT) Php 8,000.00

Fellowship Night Php 1,500.00

TOTAL **Php 9,500.00**

FOREIGN DELEGATES

Registering before September 30, 2017

USD 175

Registering Oct. 1, 2017 onwards

USD 200

EARLY BIRD DISCOUNT:

LOCAL DELEGATES

PHA MEMBERS

Registering Before September 30, 2017

Php 7,500.00

Registering Oct. 1, 2017 until onsite registration

Php 8,000.00

NON-PHA MEMBERS with additional Php 500.00 to each applicable fee above.

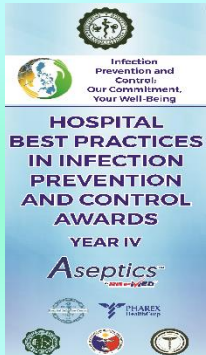
Note:Registration Fee is non refundable

The Fellowship Night is optional and requires prior reservation by September 30, 2017. It will be limited to 250 tickets and on a FIRST COME, FIRST SERVED BASIS. This is based on past experience on attendances.

Fellowship program will include:
Dinner, Dance and Drinks
Raffles with attractive prizes
Entertainment
Fellowship/Comaraderie

To avoid long lines during the conference, you may pay on-line through any Metrobank Branch, for credit to the Metrobank Kamias Branch account of the Philippine Hospital Association No. 047-3-04750025-8. You may kindly fax the deposit slip (02-921-2219) or scan/email to the PHA Secretariat (philhospitalasn@gmail.com). Pls. indicate your name and address in the deposit slip.

REGISTER EARLY





68th ANNUAL NATIONAL CONVENTION

November 15 – 17, 2017, Manila Hotel, One Rizal Park, Manila, Philippines

REGISTRATION FORM

Name of Hospital / Company / Organization

Email Address

Address:

Delegates:

Email Address

Contact Number :

1. _____
2. _____
3. _____
4. _____
5. _____

- | Email Address | Contact Number : |
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FELLOWSHIP NIGHT REGISTRATION

Delegates:

Email Address

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