



DATA PRIVACY CONSENT FORM

I am aware that the information supplied in the form will be retained by the Local Organizing Committee of the Union Asia Pacific Regional Conference on a database and will be processed in compliance with the Data Protection Act of 2012.

I consent that the information herein may be used for reports and documentation purposes.

Signature over Printed Name

Date

PERSONAL INFORMATION

Title:	First Name:	Last Name:	
Clinic Address:			PRC ID No.:
Telephone:		E-mail Address:	
Specialty:			
Hospital Affiliation:			

REGISTRATION FEE for LOCAL DELEGATES

Category	Early Bird Rate Deadline: February 28, 2019	Regular Rate On or Before March 1, 2019 – March 31, 2019	Onsite Rate
Member (The Union, PTSI, PCCP, CHEST-PD, PPS, PSMID, PhilCAT)	PhP 8,000	PhP 10,000	PhP 16,000
Non - Member	PhP 10,000	PhP 12,000	PhP 19,000
Government/Paramedical*	PhP 8,000	PhP 10,000	PhP 16,000
Fellow/Resident/Intern/Student *	PhP 5,000	PhP 6,000	PhP 11,000
Accompanying Person	PhP 5,000	PhP 5,000	PhP 5,000
Day Registration	PhP 5,000	PhP 5,000	PhP 5,000

***certification required**

Conference Secretariat: c/o PHILIPPINE COLLEGE OF CHEST PHYSICIANS

Rm 4015, 4/F Lung Center of the Philippines, Quezon Avenue, Quezon City 1100 PHILIPPINES
 (632) 924-9204 ☎ Fax No. (632) 924-0144 E-mail address: secretariat@unionaprc2019.org
 Website address: www.unionaprc2019.org

23 April 2019 (Post Graduate Course)

Half Day Course for Inhalation Therapy and Smoking Cessation workshops only.

USD 25 per course

Payment Summary:

I. Congress Proper (April 24-26, 2019) USD _____

II. Post Graduate Course (April 23, 2019) USD _____
Course on _____**Total Payment** USD _____ Special Dietary Needs __________
Signature_____
Date**Note:**

- Cancellation must be in writing and should follow the deadlines accordingly: Before February 28, 2019, 50% refund; after March 1, 2019, no refunds shall be allowed. All bank charges for refunds must be borne by the registrant.

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