

**DELEGATES' PRE-REGISTRATION FORM**

**HEALTHCARE FOR ALL FORUM**

**17 July 2017 | 8-11:30am | Centennial Hall, Manila Hotel**

**(Please fax completed form to 759-6690 / 845-1395)**

Company Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Company TIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Fax no: \_\_\_\_\_

E-mail: \_\_\_\_\_

**This is to confirm attendance of the following participants:**

**I. ATTENDEES:**

Name	Designation	Email Address

**II TARRIFF**

**Php 2,500 – ECCP and PHAP Members**

**Php 2,800 – Non Members**

**III. PAYMENT: (Please choose your preferred payment option)**

**Check for pick-up**

Date & Time of pick-up: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Direct Payment to ECCP office**

Send to: ECCP Office, 19/F Philippine AXA Life

Center, Gil Puyat Ave. Makati. Look for: Gigi de Leon

**Check for Deposit**

(Please fax the deposit slip to 759-6690 and call

Gigi de Leon at 845-1324 to notify us that

payment has been made)

**NOTE: Pre-Registration is REQUIRED.** Cancellation or Request for refund will be accepted if notification is given in writing at least 3 working days prior the event, otherwise, full participation fees will be charged.

**ECCP Account Details:**

Account Name: ECCP

Account #: 000-009621-040

Bank: HSBC, Ayala Avenue