



2016 CONFERENCE REGISTRATION

PLEASE DOWNLOAD THIS FORM & FAX TO THE SECRETARIAT:

Contact person: **Christene** Fax: **(+63 2) 584 2511** E-mail: **adlas@adlas.org**

PLS. WRITE IN BLOCK LETTERS (Name to appear in certificate):

Title: Prof. / Dr.

[] Male [] Female

LAST NAME FIRST NAME MIDDLE NAME

Country: _____

Institution: _____

Organization: _____

Complete Mailing address: _____

Tel No : _____ Fax No: _____ E-mail: _____

ACCOMPANYING PERSON: Dr. / Mr. / Ms.

[] Male [] Female

LAST NAME FIRST NAME MIDDLE NAME

REGISTRATION FEE *	ON / BEFORE FEB 28, 2016	MARCH 1, 2016 - APRIL 1, 2016	AFTER APRIL 1, 2016
DELEGATE	US \$ 390	US \$ 450	US \$ 500

1. DEADLINE FOR REGISTRATION: **APRIL 30, 2016**
2. REGISTRATION WILL HAVE TO BE CONFIRMED BY SECRETARIAT.
3. CONFIRMATION WILL BE SENT BY E-MAIL UPON RECEIPT OF REGISTRATION FORM & PAYMENT.
4. THIS CONFERENCE IS FOR DERMATOLOGISTS ONLY.

Delegate's registration fee includes admission to forums, conference meals and fellowship dinner.

Accompanying person may join the fellowship dinner for US \$ 50

Refund Policy: Cancellation received in writing on or before **APRIL 15, 2016** will be refunded **LESS USD 50** for administrative cost.

After this date, **NO REFUNDS** are possible. Refunds will be processed after the conference.

CREDIT CARD PAYMENT:

I hereby authorize ADLAS to charge my credit card (VISA & MASTERCARD only):

Credit Card Type (Visa / Mastercard) : _____

Credit Card Number : _____

Batch Code (last three digits at the back of the card) : _____

Expiry month and year : _____

Name of Card Holder : _____

Signature of Card Holder : _____