

The 7th Asia Pacific Hospice Conference  
**REGISTRATION FORM**

(For Foreign Delegates)

No.

**Delegate Details**

Title: (tick one) Prof. Dr. Mr. Mrs. Ms.

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Institution \_\_\_\_\_

Postal Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
(country code - area code - number) (country code - area code - number)

Email Address \_\_\_\_\_

**Accompanying Person**

Title: (tick one) Prof. Dr. Mr. Mrs. Ms.

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

**Social Programs and Tours**

Please tick **only** the social programs you want to attend:

- Cultural Night
- Hospice Visit (Limited slots only)

**Special Instructions:**

- Vegetarian
- Halal only

- Madre de Amor Hospice Foundation/Ayala Alabang Hospice Foundation
- Starfish Hospice and Child Haus
- PalCare Volunteer Group / Supportive and Palliative Care Hospice Program of Philippine General Hospital

**Registration Fee**

	<b>On or before August 1, 2007</b>	<b>August 2, 2007 onwards</b>	<b>Manila</b>	<b>Los Baños</b>
Physicians	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 400	Hospice Visit <input type="checkbox"/> US\$ 25	<input type="checkbox"/> US\$ 50
Non-physicians	<input type="checkbox"/> US\$ 200	<input type="checkbox"/> US\$ 250		
Accompanying Person	<input type="checkbox"/> US\$ 50	<input type="checkbox"/> US\$ 50		
Pre-Conference	<input type="checkbox"/> US\$ 10	<input type="checkbox"/> US\$ 10		
TOTAL AMOUNT PAID:	US\$			

**Manila Hospices**  
 Ayala Alabang Hospice Care Foundation  
 PalCare Volunteer Group  
 Starfish Palliative Care Program

**Los Baños Hospice**  
 Madre de Amor Hospice Foundation

**Payment Options:**

**Direct payment to APHC 2007 Secretariat**

Cash

Cheque

Amount Paid: US\$ \_\_\_\_\_

Bank: \_\_\_\_\_

Date of Deposit: \_\_\_\_\_

**Payment thru bank deposit to any of the specified dollar/peso accounts**  
(Please see next page for list of accounts)  
**Important note: Please attach photocopy of machine-validated deposit slip**