

**3<sup>rd</sup> Asian Congress of Pediatric Infectious Diseases and 13<sup>th</sup> Pediatric Infectious Disease Society of the Philippines Annual Convention**  
**“Pediatric Infections in the 21<sup>st</sup> Century: Meeting the Challenges”**  
**7-10 March 2006**  
**Waterfront International Convention Center, Lahug, Cebu City, Philippines**

**REGISTRATION FORM**

Please use one (1) registration form for each applicant.  
 Please print of type clearly.  
 Information provided herein will be used for the list of participants and your name badge.

Reg. No. _____ Date received: _____ <i>(For Secretariat use only)</i>
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\_\_\_ Prof. \_\_\_ Dr. \_\_\_ Mr. \_\_\_ Ms.

Last Name																			
First Name																			
Middle Name																			
Institution/Organization																			
Department																			
Address																			
Post Code/City																			
Country																			
Phone (country/area code)																			
Fax (country/area code)																			
E-mail																			

**Accompanying Person**

Last Name																			
First Name																			
Last Name																			
First Name																			

**Registration fees:**

Delegate	On or before 30 Nov. 2005	Between 1 Dec. 2005 and 31 Jan 2006	On site	Amount to be paid
ASPID Member	US\$150	US\$200	US\$250	US\$
ASPID Non-member	US\$175	US\$225	US\$275	US\$
Accompanying Person	US\$100	US\$125	US\$150	US\$
Total				US\$

**Payment:**

\_\_\_ Bank transfer (Please attach a photocopy of the bank transaction slip)  
 Dollar account: 6854-0043-34 PIDSP BPI Family Bank Timog Branch)  
 \_\_\_ Authorization to debit credit card (Please attach FRONT and BACK photocopies of the credit card)  
 \_\_\_ **Visa** \_\_\_ **Mastercard**  
 Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Last 3 digits on reverse of the card: \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Send all queries/concerns re: registration by fax/e-mail to:

**The Secretariat**  
 Asian Society for Pediatric Infectious Diseases (ASPID)  
 Unit 4 Metro Square Townhomes  
 Scout Tuazon corner Scout de Guia Sts.,  
 Quezon City  
 Tel: 63(2) 526-9167 or 374-1855  
 Fax: 63(2) 404-2397 or 412-6998  
 e-mail: [aspid@uplink.com.ph](mailto:aspid@uplink.com.ph)

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**HOTEL AND TOUR BOOKING FORM**

**Please use one (1) registration form for each applicant. Please print of type clearly. Information provided herein will be used for the list of participants and your name badge.**

	___ Prof	___ Dr.	___ Mr.	___ Ms.																	
Last Name																					
First Name																					
Address/Country																					
Phone (country/area code)																					
Fax (country/area code)																					
E-mail																					

Pls. indicate order of preference (1,2,3...)	Hotels*	Standard	Deluxe	Distance from the Congress venue	AMOUNT
	Waterfront	\$ 110	\$ 150		US\$
	Shangrila Mactan			45 min drive	US\$
	Garden view	\$ 143			US\$
	Bayview	\$ 163			US\$
	Seaview		\$ 182		US\$
	Marriott Hotel		\$ 92	5 min drive	US\$
	Cebu Midtown Hotel	\$ 40	\$ 80	20 min drive	US\$
	West Gorordo Hotel	\$ 30	\$ 35	10 min drive	US\$
				Sub-total	US\$

\* All room rates are quoted on a per room per night basis. Please indicate type of occupancy:  
 \_\_\_ Single \_\_\_ Double Other requests: \_\_\_\_\_

Tour Code*	Single	Double	Number of person/s	Amount
A. City Tour			-----	-----
A.1. Cebu City Tour without lunch				US\$
A.2. Cebu City tour with lunch				US\$
A.3. Mactan Island Tour without lunch				US\$
A.4. Mactan Island Tour with lunch				US\$
A.5. Twin City Tour				US\$
B. Moalboal				US\$
C. Bantayan				US\$
D. Bohol Day Tour				US\$
E. Bohol Package				US\$
F. Bohol Diving Package				US\$
G. Boracay Island Package				US\$
H. Palawan Package				US\$
I. Baguio Package				US\$
			Sub-total	US\$
			<b>TOTAL</b>	<b>US\$</b>

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 Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please address all queries re: hotel bookings by fax to:  
 3<sup>rd</sup> ACPID Housing Bureau (Cebu office)  
 Telefax: 63 (32) 253-9654  
 63 (32) 412-3989