

Registration Information

CATEGORY	SCHEDULE	PHILIPPINE DELEGATES			FOREIGN DELEGATES	
		PAFJO MEMBER	NON - MEMBER	STUDENTS & FACULTIES	DENTISTS	SPOUSE / STAFF
EARLY BIRD	Up to January 30, 2015	Php 5,850.00	Php 6,850	Php 5,000.00	USD \$180	USD \$145
PREMIUM	February 1, 2015 to July 30, 2015	Php 6,250.00	Php 7,250	Php 5,300.00	USD \$210	USD \$175
SILVER	August 1, 2015 to October 30, 2015	Php 6,750.00	Php 7,750	Php 5,700.00	USD \$240	USD \$205
ELITE	November 1, 2015 to November 16, 2015 (on-site)	Php 7,000.00	Php 8,000	Php 6,000.00	USD \$250	USD \$215

INCLUSIONS:

1. Scientific Sessions Attendance
2. Gala Night
3. Exhibits Attendance
4. Lunch, 4 Snacks, 1 Dinner (Gala)
5. Lecture Online Access / Download
6. Souvenir Program

FOREIGN DELEGATES (ADDITIONAL INCLUSIONS)

1. Free City Tour for Early Bird & Premium Registrants
2. Airport Hotel Transfers (Two - way)
3. Concierge Assistance on
 - a. Hotel Accommodation
 - b. Other Tours
 - c. Golf



Asian Academy for Temporomandibular Joint

FOR PAYMENTS :BANK TELEGRAPHIC TRANSFER

Philippine Delegates

BANK NAME: BANCO DE ORO
BANK BRANCH: SM SOUTHMALL BRANCH A
Alabang-Zapote Rd, 1708 Las Piñas City
ACCOUNT NAME:
PHILIPPINE ASSOCIATION OF FUNCTIONAL
JAW ORTHOPEDICS & TMJ, INC. / PAFJO TMJ INC.
CURRENT ACCOUNT NUMBER:
000 - 688035388

NOTE: Please email deposit slip and registration form with your fullname at:
holisticdental@yahoo.com.ph
 cc: delia_acastillo@yahoo.com
 docj_traballoh@yahoo.com

FOR INQUIRIES:

DR. JOYCE MICHELLE A. REYES
 Congress Vice - Chairman
 (Past Pres. PAFJO-TMJ, Inc. FY - 2005 - 2006)
 Mobile: 0917 8487170
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 (Pres. PAFJO-TMJ, Inc. FY - 2014 - 2015)
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DR. HERMINIA P. CHAVEZ
 Congress Chairman
 (Past Pres. PAFJO-TMJ, Inc. FY-2002-2003)
 Mobile: 0917 8743001 / Tel. No. 634-2099
 Email: holisticdental@yahoo.com.ph

PAFJO-TMJ Membership Benefits

1. Discounted rate for every Seminar and Workshop
2. Can avail PAFJO-TMJ membership sticker to be posted in the clinic
3. Help members promote their practice and refer patients.
4. Get updates on the latest technology on TMJ practice.
5. Free Insurance

Registration Form

Date: _____

Name: _____

Birthday: _____

Address: _____

Mobile Phone: _____

Landline: _____

Email Address: _____

Early bird Premium Silver Elite

Dentist	Fee	Affiliate
<input type="checkbox"/> Regular Member (w/TMJ Training)	P _____	<input type="checkbox"/> Physician
<input type="checkbox"/> Non- Member	P _____	<input type="checkbox"/> Para Medical
		(Please Indicate)
PAFJO Membership P 1,000	P _____	<input type="checkbox"/> Staff / Spouse
<input type="checkbox"/> For Renewal	P _____	<input type="checkbox"/> Faculty
<input type="checkbox"/> New	P _____	School: _____
TMJ School / Training	P _____	<input type="checkbox"/> Student
		School: _____
School & Year Graduated	P _____	<input type="checkbox"/> Voucher 500
PRC Lic. _____		Consumable
		Note: Strictly for
		Trade exhibits
		attendance only
Amount to be paid: P _____		

Accept Cheque payment only on this form. NO CASH
 Payable to PAFJO TMJ-Inc.

Amount paid : P _____ Bank: _____
 Received by: _____ Cheque No.: _____

PRINT NAME & SIGNATURE

