









REGISTRATION FORM

Workshop on Quality Assurance & **International Standards for Dialysis Centers**

19-20 August 2019 | 8AM-5:30PM | NKTI Lecture Hall, Quezon City *** 6 PMA CPD Units***

Name of Delegate:			
Company Name:		□ Private	e 🗆 Government
Position:			
Address:			
Tel. No.: Fax No.:			
Mobile: Email:			
For Additional Delegate/s (please use extra sheet if necessary)			
Name		Title	Email
1.			
2.			
3.			
ontact Person: Signa		Signature	e:
How to Register Payment Instructions		ment Instructions	
1. Send this Registration Form through email:	-		
info@health-core.org or FB Messenger: HealAttach copy of Deposit Slip as proof of payment		Union Bank - P. Tuazon, Cubao Branch Peso Current Account No. 00204-000682-0	
2. Attach copy of Deposit Slip as proof of payment.3. A confirmation email will be sent by Secretariat that		reso current Account No. 00204-000082-0	
will serve as your Pass / ID to the workshop.		Thru MLhuillier or LBC:	
		Jocelyn Alumno – HealthCORE	
		Centuria Medical Makati, Makati City CP: 0908.8887990	

REGISTRATION FEE: P15,500 (VAT Inclusive)

(includes: Training Fee, Meals, Materials and Certificate) ** 10% Discount for Government Hospitals ** **10% Group Discount for at least three (3) delegates**