



**8th Congress of
International Society of Tropical Pediatrics**

11-13 April 2008, Manila, Philippines
REGISTRATION AND ACCOMODATION FORM

IDENTIFICATION

Please complete this section accurately. The information you will allow us to correspond with you efficiently.

PARTICIPANT (Please TYPE or PRINT IN BLOCK LETTERS)

Name: _____
Title: ___Prof. ___Dr. ___Mr. ___Mrs. ___Ms.
Mailing Address: _____
Telephone (office hours): (Country code/city code/number) _____
Fax: (Country code/city code/number) _____
Email Address: _____
Accompanying Person: _____

BOOKING:

When booking, please complete this hotel and tour reservation form and email it to ISTP Secretariat. Requests will be accepted thereafter, however, hotel and tour accommodation is subject to availability, and cannot be guaranteed. After this deadline, bookings are only possible against full payment credit card.

Type of room required: ___Single ___Double ___Other
Check in _____ Check out _____ Total Nights _____
1st choice hotel _____ 2nd choice hotel _____
* I will share my room with: _____
Tour Title: _____
Date of Tour: _____
Number of Accompanying Persons: _____

PAYMENT:

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees: _____
Deposit for Hotel Accommodation: _____
Deposit for Tour Reservation: _____
Total: _____

___Option 1: Credit Card

___Visa ___Mastercard

Number: _____ Expiry Date (month/year): _____
Name as shown on card: _____

___Option 2: Bank Transfer – a scanned copy of the machine validated deposit slip is required to accompany the accomplished registration form. Payments are accepted through the bank account specified below:

Account Name: CHILD FOUNDATION INC
Account Number: 49340091792
Name of Bank: Bank of the Philippine Islands (BPI)
Bank Address: 155 M. Adriatico corner Pedro Gil St. Ermita, Manila
Swift Code: BOIIPHMM

Date _____
Signature _____

Sign this form and fax it to (+632)7151347 or scan and email it to the Congress Secretariat at secretariat.istpmanila@gmail.com.