

# REGISTRATION

## PERSONAL DETAILS

Name: \_\_\_\_\_

Home / Clinic Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Nos: \_\_\_\_\_

Landline Nos: \_\_\_\_\_

Fax Nos: \_\_\_\_\_

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

Specialty: \_\_\_\_\_

Membership Status (Year)

Fellow: \_\_\_\_\_ Diplomate: \_\_\_\_\_ Member: \_\_\_\_\_

## MODE OF PAYMENT

Cash Deposit: \_\_\_\_\_ Amount: \_\_\_\_\_

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

Date: \_\_\_\_\_

Check Deposit: \_\_\_\_\_ Amount: \_\_\_\_\_

Bank Name/Branch: \_\_\_\_\_

Date: \_\_\_\_\_

## BANKING DETAILS

*Account Name:* **Philippine Academy of Medical Specialists, Inc.**

*Account Number:* **006220181246**

*Bank/Branch:* **Banco De Oro / SIENNA**

### **IMPORTANT:**

Upon payment, please inform PAMS Secretariat thru text or call and kindly fax registration form and deposit slip to **(02) 414-5582** or send thru **E-mail** at **pamssecretariat@yahoo.com** for the issuance of OFFICIAL RECEIPT.

Or you may present it at the registration area during convention. Failure to do so, may subject for the approval of the Registration Committee.