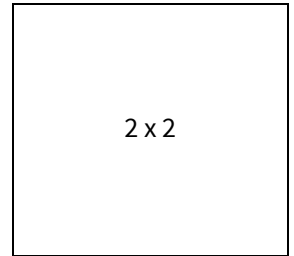


**ADVANCED PHARMACOTHERAPEUTICS COURSE  
REGISTRATION FORM**



**Full Name:** \_\_\_\_\_  
First Name M.I. Surname

**Position:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office Tel. No.** \_\_\_\_\_

**Cell phone No.** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**PRC License # and date of registration:** \_\_\_\_\_

**Registration Fee & Reservation:**

Early bird rate of **PhP 9, 500.00** per participant for those who will reserve and fully pay on or before May 30, 2015. Regular rate of **PhP 10,000.00** after the early bird period shall be applied. This is inclusive of certificate of attendance, seminar kit and handouts. Please deposit payments to China Bank with account name **LORMA COLLEGES** account number **169-009651-7**.

Please email a copy of the deposit slip together with this reservation form before the seminar date. You may pay the remaining balance through check payable to the or in cash on the day of the seminar at the registration.

Cancellation fee of PhP2,500 will be charged for those participants who cancel their reservation one week before the program start date.