



17th COURSE ON THE CLINICAL PRACTICE OF HYPERTENSION MANAGEMENT

REGISTRATION FORM

(PLEASE CHECK) ✓

<input type="checkbox"/> Doctor <input type="checkbox"/> Member <input type="checkbox"/> HPN Specialist * Year Certified: _____ For Recertification <input type="checkbox"/> Yes <input type="checkbox"/> No Exam Fee ₱8,000 * Specialty: _____ * Sub-Specialty: _____ <input type="checkbox"/> Non Member	<input type="checkbox"/> Fellow / Resident - in - Training <input type="checkbox"/> Allied Health Professional <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Nutritionist / Dietitian <input type="checkbox"/> Others _____ <input type="checkbox"/> Health Municipal Officer
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NAME			
Please print	Last name	First Name	M.I.

MAILING ADDRESS	

Affiliate Institutions:	
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Telephone (Home): (Office):

Cell phone No.: Fax:

E-mail address:

PRC License Number:

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 Sex: Male Female

PMA Number:

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REGISTRATION RATES

CATEGORY	FEE
Fellow / Resident-in-Training / Allied Health Professional	₱ 6,000.00
PSH Member / HPN Specialist / Consultant	₱ 8,000.00

❖ Examination Fee: P8,000.00
(for Recertification & 1st time Certification)
❖ Online or Face to Face

❖ Please make check payable to:
PHILIPPINE SOCIETY OF HYPERTENSION

Remittance through T/T to correspondence Bank
**BPI Account No. 3303-2103-25/
3301-0178-97**

Shaw Boulevard Branch Mandaluyong City
(Faxed deposit slip to 696-2819 or email at phihpn@yahoo.com
your deposite slip together with this registration form)