

PSM Cluster I Symposium
Microbial Management for Health, Food Safety and Nutrition
(October 1, 2005)

PRE-REGISTRATION FORM

Dr./Prof./Mr./Ms. _____
Position _____
Office Address: _____
Home Address: _____
Telephone no: _____
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Please return this form together with payment
(cash, check* or money orders**) to any of the
following:

Metro Manila:

Dr. Roslyn D. Rodriguez
Microbiology Section, UP- Philippine
General Hospital, Manila
Tel No. (02) 521-8450 loc. 3206
Fax No. (02) 526-1705

Dr. Ernelea P. Cao
Natural Sciences Research Institute
UP Diliman, Quezon City
Tel. No. (02) 925-2964
Fax No. (02) 928-6868

UP Los Baños:

Mrs. Precy M. Rasco
BIOTECH, UPLB
College, Laguna 4031
Tel. No. (049) 536-2725
Fax No. (049) 536-2721

- * Personal and Post-dated checks are not accepted
- ** Please make checks or money orders payable to:
Philippine Society for Microbiology, Inc.

(This form may be reproduced)

Pre-registration fees:
(Deadline: 23 September 2005)

Members: ***P 650.00***

***Undergraduate
Students:*** ***P 450.00***

Non-Members: ***P 750.00***

On-site Registration fee:

Members: ***P 750.00***

***Undergraduate
Students:*** ***P 550.00***

Non-Members: ***P 850.00***

Note: *Pre-registration requires full payment of the registration fee on or before the deadline and only pre-registered participants are assured of seminar kits and snacks. Pre-registration fees are non-refundable.*

ADDITIONAL INFORMATION

Regular Membership Fee - ***P 200.00*** ***Annual Due*** - ***P 200.00***

**** Life Membership Fee*** - ***P 2000.00***

** eligible after one year of regular membership*

- Regular members are required to pay the annual due*

Incoming members are required to pay both the regular membership fee and annual due