



**8<sup>th</sup> ASEAN CONSULTATIVE COMMITTEE FOR STANDARDS AND QUALITY  
TRADITIONAL MEDICINES AND HEALTH SUPPLEMENTS  
PRODUCT WORKING GROUP  
26<sup>th</sup> - 29<sup>th</sup> November 2007  
Renaissance Makati City Hotel  
PHILIPPINES**

**REGISTRATION FORM**

Completed registration form should be returned on or before **31<sup>st</sup> October 2007** to:

**ATTN: JESUSA JOYCE N. CIRUNAY**  
Chief, Regulation Division II  
Bureau of Food and Drugs  
Department of Health  
Civic Drive, Filinvest Corporate City  
Alabang, Muntinlupa City 1700  
Philippines

Tel/ Fax : (632) 8070751  
E-mail: [accsqtmhphil@yahoo.com](mailto:accsqtmhphil@yahoo.com)

Please fill in using capital letters (black ink) or typewriter

1. Registration Information

Name \*(Prof/ Dr/ Mr/ Ms / Others): \_\_\_\_\_

*Surname*

*First Name*

- |   |  |
|---|--|
| <p>Identification: <input type="checkbox"/> ASEAN Secretariat</p> <p><input type="checkbox"/> Chair / Co-Chair/ Secretary ACCSQ</p> <p><input type="checkbox"/> Official Delegate (PWG)</p> <p><input type="checkbox"/> Official Delegate (Workshop)</p> <p><input type="checkbox"/> Observer (Government)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Workshop</p> <p style="padding-left: 40px;"><input type="checkbox"/> ATSC*</p> <p style="padding-left: 40px;"><input type="checkbox"/> ACCSQ</p> | <p><input type="checkbox"/> Seminar Participant</p> <p><input type="checkbox"/> Chair / Co-Chair / Secretary ATSC</p> <p><input type="checkbox"/> Official Delegate (ATSC)</p> <p><input type="checkbox"/> Resource Speaker</p> <p><input type="checkbox"/> Observer (Industry)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Workshop</p> <p style="padding-left: 40px;"><input type="checkbox"/> ATSC*</p> <p style="padding-left: 40px;"><input type="checkbox"/> ACCSQ</p> |
|---|--|

Designation: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Country Code-Area Code -Number)

**\*Note: Maximum of two (2) Observers for ATSC to be endorsed by Member Country.**



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2. **Event Participation** (Availability of seats are on a first-come, first-serve basis.)

*Attendance & Registration Fee (Please tick accordingly)*

- |  |         |
|--|---------|
| <input type="checkbox"/> Workshop on Product Placement and Workshop on Labeling Requirements on 26 <sup>th</sup> November 2007 (Day 1)   | USD 80  |
| <input type="checkbox"/> "ASEAN TMHS Harmonization: Challenges and Opportunities" (Scientific Seminar) on 27 November 2007 (Day 2)   | USD 80  |
| <input type="checkbox"/> 2 <sup>nd</sup> ASEAN Traditional Medicines & Health Supplements Scientific Committee (ATSC) Meeting on 27 <sup>th</sup> November 2007 (Day 2)<br><i>-applies only to Industry Observers endorsed by Member Countries</i> | USD 80  |
| <input type="checkbox"/> 8 <sup>th</sup> ACCSQ THMS PWG Meeting on 28 <sup>th</sup> - 29 <sup>th</sup> November 2007 (Day 3 & 4)   | USD 160 |
| <input type="checkbox"/> Package Rate for the 4-Day Event (Government Delegates)   | USD 250 |
| <input type="checkbox"/> Package Rate for the 4-Day Event (Industry Participants)  | USD 300 |

\* Fees are for attendance to workshop/ seminar/meeting and do not include any bank or other payment mode charges.

**Delegates with Fee Exemption are:**

- Chair and Co-Chair of Meetings
- Official Delegates attending the ACCSQ Meeting & Workshops (*maximum of 3 persons per country*)
- Official Delegates for ATSC Meeting (*maximum of 2 persons per country*)
- Resource Speakers
- WHO Consultant
- ASEAN Secretariat

3. **Payment Method**

a. Can be made via telegraphic transfer (*for overseas participants*), made payable to:

**Account Name: Philippine Institute of Traditional and Alternative Health Care (PITAHC)**

**Account Number: C/A 1432-1034-60**

**Swift Code: TLBPPHMMXXX**

**Bank Name: Land Bank of the Philippines - Tayuman Branch**

**Bank Address: TCCI Building**

**Tayuman St. corner Tomas Mapua St.**

**Sta. Cruz, Manila 1003**

**PHILIPPINES**

**Bank Telephone Nos: (632) 2557577 / (632) 2557688 / (632) 2557744**

- Note that the fees stated are not inclusive of any bank or payment mode charges.

b. Cash payment on site (*for local participants or overseas participants who preferred payment by cash*).



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4. **Important Reminders**

- Please ensure your registration form has been signed before forwarding it to the organizing committee of the host country.
- **You are not registered until payment is received.**
- Registration Deadline is **31<sup>st</sup> of October 2007**.

5. **Confirmation of Registration**

This will be issued (by email or fax only) within seven (7) working days upon receipt of full payment. Please state your email address and fax number clearly in the form.

6. **Cancellation and Transfer**

If you are unable to attend, a substitute delegate is welcome at no additional charge. A full refund, less 10% administrative charge will be given if cancellation is received in writing at least 14 working days prior to the conference. A 50% refund and documentation will be given if cancellation is received in writing at least 7 working days prior to the conference. No refund can be made for cancellation received less than 7 days prior to the conference.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yy)