



Registration Form:

Please accomplish and send to DSAP SECRETARIAT via mail, fax or email:
A. B. Sandoval Bldg., Shaw Blvd cor. Oranbo Drive, Pasig city 1603
Telefax: (02) 6335253
Email: dsapnationalconvention@gmail.com

Mr. Mrs. Ms. Member Member's ID No. _____ Non-Member

Please write in BLOCK letters.

Last Name First Name Middle Name

No./ Street Barangay / Town / City

Telephone No: (___) - _____ Fax No: (___) - _____

Cellphone No: (___) - _____ Email Address: _____

Drugstore/Establishment Represented DSAP Chapter

Owner of Drugstore/Establishment

Drugstore/Establishment Main Address:

No./ Street Barangay / Town / City

Registration Fee

REGISTRATION RATE

DSAP MEMBER - PHP 6,500.00
NON-DSAP MEMBER - PHP 7,500.00

Payments

1. Deposit cash or check payments to any Metrobank branch. Please make checks payable to:

Account Name: Drugstores Association of the Phils. Inc.
Account No: 062-3-79538475-9
Branch: Shaw Blvd. Branch

2. Indicate your full name, drugstore/establishment name and address, contact number, chapter, email address and DSAP Membership ID (if applicable) on the deposit slip.
3. Send your deposit slip to the DSAP Secretariat.
Fax: (02) 6335253 or Email: dsapnationalconvention@gmail.com
4. Wait for the confirmation number from DSAP Secretariat via text and email. This confirmation number serves as proof of your registration and must be presented at the registration counter on August 29, 2018 to claim your convention kit.

Terms & Conditions

1. Registration form and payment must be received by the DSAP office.
2. Registration is **Non-transferable** and **Non-refundable**.
3. Membership dues 2018 should be paid to avail of members rate.

For other inquiries, please contact:
Telephone No: (02) 6314254
Email: dsapnationalconvention@gmail.com

Mobile: 0917 8803727