Warmest Greetings from the Philippine Medical Association.

The Organizing Committee of the 109th PMA Annual Convention is pleased to inform you that arrangements for hotel accommodation at the Waterfront Convention Lahug, Cebu for the convention from May 17-20, 2016 has been made with the following agreements:

1. Negotiated Convention rate for PMA

<table>
<thead>
<tr>
<th>ROOM TYPE</th>
<th>SINGLE OCCUPANCY Rate per room per night</th>
<th>DOUBLE OCCUPANCY Rate per room per night</th>
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</thead>
<tbody>
<tr>
<td>Standard Room</td>
<td>Php3,000 nett</td>
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<tr>
<td>Superior Room</td>
<td>Php3,200 nett</td>
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</tr>
<tr>
<td>Deluxe Room</td>
<td>Php3,400 nett</td>
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<tr>
<td>Deluxe Premium</td>
<td>Php3,600 nett</td>
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</tr>
<tr>
<td>Extra Bed</td>
<td>Php2,000 nett</td>
<td></td>
</tr>
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2. Members may make direct arrangements/reservations with Waterfront Convention Hotel through:

Mr. Jefrie Mendoza (Sales Manager)
Tel: (632) 559-0888 loc. 816
Mobile No. 0917-7218559
Fax: (632) 559-0129
Email: j.mendoza@waterfronthotels.net
Website: www.waterfronthotels.com.ph

Please note that the same package rate will be enjoyed.

3. For members who wish to reserve through PMA,
   a. Kindly submit a written request to PMA c/o Ms. Baby Piñol (by email, fax, courier).
   b. In case of cancellation, a notice should be likewise sent to PMA on or before May 6, 2016. Failure to recall your reservation on time will be automatically charged to your personal account.
      It should be emphasized that in no way should PMA be held liable for “no show”.
   c. A confirmation of reservation will be communicated by PMA. However, payment should be directly made to the Hotel.

4. Other arrangements will be communicated in time.

For your ready reference, attached is the sample reservation form c/o PMA Attention: Ms. Baby Piñol.

Very truly yours,

MA. REAINTA G. HENSON, M.D.
Overall Chairperson
109th PMA Annual Convention and Scientific Meetings

Noted by:

MARIANNE L. ORDOÑEZ- DOBLES, M.D.
PMA Secretary General
109th PMA ANNUAL CONVENTION AND SCIENTIFIC MEETING
MAY 17-20, 2016
WATERFRONT CEBU CITY HOTEL

HOTEL RESERVATION FORM

NAME OF DELEGATE: ____________________________
COMPONENT SOCIETY: ____________________________
ADDRESS: _______________________________________
CONTACT NUMBER: CP ____________________________ LANDLINE ____________________________
EMAIL ADDRESS: ____________________________________________
TYPE OF ROOM: ____________________________________________ NO. OF UNIT/S ____________________________ NO. OF DAY/S ____________________________
DATE OF CHECK IN: ____________________________ CHECK OUT DATE: ____________________________
TOTAL AMOUNT DUE: ____________________________________________

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(Print Name/Signature) ____________________________ Date ____________________________

Fill this up and send thru email: philmedas@yahoo.com or Fax to (02) 929-6951