

# Sponsorship Form

To pledge sponsorship, please scan and email this form to **papa\_incorporated@yahoo.com** or fax to **(02)525-1797**. The PAPA will contact you regarding invoicing and payment. Sponsorship must be received by **Friday, August 28, 2015**.

## SPONSOR CONTACT INFORMATION

Name:  
Address:  
Telephone:  
Mobile:  
Email:

## SPONSORSHIP

- |   |             |
|---|-------------|
| <input type="checkbox"/> Platinum Sponsor | Php 200,000 |
| <input type="checkbox"/> Diamond Sponsor  | Php 150,000 |
| <input type="checkbox"/> Gold Sponsor     | Php 100,000 |
| <input type="checkbox"/> Silver Sponsor   | Php 75,000  |

## INDIVIDUAL TICKETS (Please indicate quantity.)

\_\_\_\_\_ Tickets @ P1000 each

## CONTRIBUTIONS

\_\_\_ I/we cannot attend. Enclosed is a contribution of Php \_\_\_\_\_.

## PAYMENT:

- Check (*Please make all checks payable to the Philippine Ambulatory Pediatric Association, Inc.*)
- Direct transfer/deposit to:  
**RCBC Trinoma**  
Philippine Ambulatory Pediatric Association, Inc  
Savings Account Number 1174007779

## ***For any inquiries, please contact:***

*Dr. Wenslyn Salvador*  
(0917-8462504 or 0998-9856721)

*Dr. Cynthia Gomez*  
Rhea: 9887000, local 5157

**Or email us at:** *papa\_incorporated@yahoo.com*