



**UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER
 MEDICAL ALUMNI ASSOCIATION OF AMERICA, INC.**
 Incorporated on September 03, 1991 with Taxpayer I.D. Number: 52-1745846
 AFUSA, Inc. IRS 501 (c) (3) Tax ID # 13-3119113

UERMMMC-MAAA, Inc. & Alumni Foundation USA, Inc.
22nd Annual Reunion and Convention (July 1-4, 2010)
 Newport Beach Marriott Hotel & Spa

900 Newport Center Drive, Newport Beach, CA 92660
 Tel: (949)640-4000/(800) 266-9432/ International 1-801-832-4532

Hosted by: The UERMMMC- MAAA, Inc. So. CA CHAPTER and Co-Sponsored by: The AFUSA, Inc.

Hotel Reservation:

June 10, 2010

**Deadline for Hotel Group Rate
 (NO EXTENSION)**

Group Code – UERUERA Group Rate: \$159/ night (single/double occupancy)

UERM rates good 2 days before & after events. Suites : Special group rates limited.

For Suites call Dr. Neda Ballon-Reyes at (818)281-6855 / Email: neda423@aol.com

Call: 1-(800) 266-9432 (International:1-801-832-4532) /(949)640-4000

On-Line: www.SignUpMaster.com/uerm (For Printed Forms : www.uermmarvad.org / www.uermafusa.org).

REGISTRATION FEES:

(ALL PRICES ARE PER PERSON)
 (CME + Any Package Rate)

FULL PACKAGE FEES includes: CME+Registration + Membership Fee, Fri.& Sat.Continental Breakfast, Dr. Cuyegkeng Luncheon, Thursday, Friday & Saturday Dinner/Dance.

ONSITE Registration up to Friday at 5 pm ONLY. Add \$100 for each event and category.

PACKAGE TYPE:	PAYMENT RECEIVED BY:	June 1/10	After 6/1/10	On Site	TOTAL
1)Lifetime Members		\$650	\$700	\$750	\$ _____
2)Regular Members (2010 dues unpaid)		\$725	\$775	\$825	\$ _____
3)Retired Alumni (≥65 years)		\$475	\$525	\$575	\$ _____
4)Residents/ Fellows / Non-Practicing Physicians		\$425	\$475	\$525	\$ _____
5)Non-USA Resident Alumni(Passport required)		\$375	\$375	\$375	\$ _____
6)Non-Alumni Attendee		\$425	\$425	\$425	\$ _____

INDIVIDUAL FEES: (Prices per person)

Continental Breakfast per day	\$40	\$90	\$140	X _____	\$ _____
Dr. Jose Cuyegkeng Luncheon	\$60	\$110	\$160	X _____	\$ _____
Thursday Dinner/Dance	\$90	\$140	\$190	X _____	\$ _____
Friday Dinner/Dance	\$90	\$140	\$190	X _____	\$ _____
Saturday Gala Dinner/Dance	\$150	\$200	\$250	X _____	\$ _____
CME Certification (per person)	\$350	\$400	\$450	X _____	\$ _____

OPTIONAL FEES:

GOLF [Pelican Hill Country Club] – June 30, 2010	\$300 /golfer/day			X _____	\$ _____
[Oak Tree Country Club] - July 1, 2010	\$150 /golfer/day			X _____	\$ _____

Contact: Dr. Andy Ebilane (310)528-8459 &

Dr. Robert Valenton (626)354-6091

ALUMNI MEMBERSHIP FEES :

LIFETIME - One time fee / 2 payments (Optional= 2 Payments in 2 years)	\$ 500 per person / \$250 per person/yr X 2			X _____	\$ _____
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Annual Membership fee (Required) \$ 50 per person X _____ \$ 50

Registration Fee (Required) \$ 25 per person _____ \$ 25

*To be a registered Alumni Voter - membership fee must be paid

by June 03, 2010 (no exception) Absentee ballots for Lifetime Members Only. Grand Total : \$ _____

PAYMENT METHOD (Please return this form with the Registration Form and Check Payment enclosed)

CREDIT CARD PAYMENT:

Contact : Dr. Conchita Del Mundo

Cell# (714) 728-9439 / Fax: (714) 389-7172

Email: delmundoc@cox.net

CHECK PAYMENT:

Make check payable to: **UERMMMC-MAASC**

c/o Dr. Conchita Del Mundo at P.O. Box 2167 Bedford, IL 60499-2167

For more information: Dr. Andres De La Llana, President – MAASC & Convention Chairman at (310) 901-3340 / Email: adelallana_md@yahoo.com
 Dr. Neda Ballon-Reyes, Co-Chair at Tel: (415) 846-6425/Fax: (650)952-1959 / Email: neda423@aol.com