



**University of the Philippines Nursing Alumni Association International, Inc.  
2021 – 2023 UPNAAI Program Committee**

**2023 Registration Fees: Late Registration after July 30, 2023**

Event	Member		Non-Member		# of attendees	Amount Due
	Early Bird	Late Registration	Early Bird	Late Registration		
A. Education Program						
With CEU	\$60	\$70	\$70	\$80		
Without CEU	\$45	\$55	\$55	\$65		
B. Luncheon Reunion	\$75	\$85	N/A*	N/A*		
C. Dinner & Dance	\$120	\$140	\$130	\$150		
Please check one for dinner	beef ( )      fish ( )      vegetarian ( )				Total Amount Due	

**NO REFUND AFTER JULY 30, 2023 \* No onsite registration \* Last day for hotel reservation August 3, 2023**

**SUBMISSION DEADLINE FOR PAPER REGISTRATION: July 30, 2023**

Annual Membership	\$50		
Life & Associate Membership	\$150		
2023 Yearbook Preorder	\$ 50	excluding mailing fees	Number of copies \$
Mailing fee	\$		\$
Refund policy: 20% cancellation fee off registration fee, plus 10% administrative fee for credit card payments, for more Information inquire at <a href="mailto:ungcoagui.wil.upnaai@gmail.com">ungcoagui.wil.upnaai@gmail.com</a>		Total Amount Due	\$

**Mail your registration and payment to:  
UPNAAI c/o Maida Maybir  
12458 Pine Creek Rd., Cerritos, CA 90703**

**Make checks payable to UPNAAI**

**Room Rates: (State & Local Taxes NOT included)**

Single / Double    \$189.00 per night

\*hotel reservation link shall be provided after convention registration is confirmed, email [ungcoagui.wil.upnaai@gmail.com](mailto:ungcoagui.wil.upnaai@gmail.com) or call 732.841.6357 for the link

\*Luncheon Reunion only for UPNAAI Members

\*Infectious Disease Liability Waiver completed\* Initial \_\_\_\_\_



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**Early Bird POSTMARK DEADLINE: July 30, 2023**

University of the Philippines Nursing Alumni Association International, Inc. (UPNAAI, INC.)

**44<sup>TH</sup> Annual Convention** August 25-26, 2023 \* Hyatt Regency, Garden Grove, CA

Name: First:                      Maiden:                      Last:                      Degrees/Year/Class Affiliation\*

Address\* Street

City

State

Zip

**TURN OVER  
AND COMPLETE  
REVERSE SIDE**

Phone \*

E-Mail Address\*

RN License Number / State\* \_\_\_\_\_ Current ( ) Retired ( )

Please support UPNAAI's GO GREEN Initiative: Please send future flyers by e-mail ( ) Yes ( ) No

\*MANDATORY