



**University of the Philippines Nursing Alumni Association International, Inc.
2023 - 2024 UPNAAI Program Committee**

2024 Registration Fees: Late Registration after June 28, 2024

Event	Member		Non-Member		# of attendees	Amount Due
	Early Bird	Late Registration	Early Bird	Late Registration		
A. Education Program						
With CEU	\$90	\$100	\$110	\$120		
Without CEU	\$50	\$60	\$70	\$80		
B. Luncheon Reunion *FOR UPNAAI MEMBERS ONLY	\$100	\$120	N/A*	N/A*		
C. Dinner & Dance	\$180	\$200	\$200	\$220		
					Total Amount Due	

SUBMISSION DEADLINE FOR PAPER REGISTRATION: June 28, 2024

Annual Membership	\$50		
Life & Associate Membership	\$150		
2024 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 gayperez.upnaai@gmail.com			Total Amount Due

You can pay online using the website, using Zelle, or by check.

If paying by check, mail your paper registration form and payment to:
UPNAAI c/o Finnette Castaneda
10440 Marklein Avenue, Mission Hills, CA 91345

Make checks payable to UPNAAI

HOTEL INFORMATION

Room Rates: (State & Local Taxes NOT included)
Single / Double \$239 per night

For online hotel reservations, [click here](#).
For hotel reservations via phone, call 1-800-937-8461. To receive contract rates, identify yourself as part of UPNAAI Nursing Reunion 2024

*Luncheon Reunion only for UPNAAI Members
Infectious Disease Liability Waiver completed

UPNAAI accepts Zelle!

Scan the QR code below with your phone



Initial _____



University of the Philippines Nursing Alumni Association International, Inc.
2023 - 2024 UPNAAI Program Committee

Early Bird POSTMARK DEADLINE: June 28 , 2024

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

45TH Annual Convention August 2-3, 2024 * The Westin, Virginia Beach Town Center
4535 Commerce St. Virginia Beach, VA 23462

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