Philippine Hospital Association

 # 14 Kamias Road, Quezon City, 1102 Metro Manila, Philippines
Email Address: admin@philippinehospitalassociation.org **Visit us at:** http://philippinehospitalassociation.org

AUTHORIZATION

(for GOVERNMENT/PRIVATE HOSPITAL)

KNOW ALL MEN BY THSE PRESENTS:

The Undersigned Appointing/ supervising/ managing authority hereby appoint/ authorize

_____
(Name)

_____
(Position / Designation in the hospital)

as the **AUTHORIZED REPRESENTATIVE** of

_____
(Name of Hospital)

_____
(Address)

to the PHA 77th Annual National Convention to be held on November 23 – 26, 2026 with the authority to vote, object, protest and to perform any other acts for the hospital as he /she may deem necessary or proper at the said convention.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 2026

at _____

_____
(Signature over Printed Name)

_____
(Position/ Designation)

_____
(Contact number)

CONFORME:

_____
(Name and signature of Authorized representative)