



32nd INTERNATIONAL PAK ORTHOCON 2018

Nov. 15-18, 2018 Pearl Continental Hotel Karachi



REGISTRATION FORM

Title Prof. Dr. Mr. Ms.

Registration Number _____

(To be filled by the Conference Secretariat)

| | | | |
|-----------------------|--|---------------------------|--|
| Name | | POA membership No: | |
| Designation | | PMDC #: | |
| Hospital | | | |
| Postal Address | | | |
| City | | Mobile Number | |
| Email | | | |

ACCOMMODATION INFORMATION

| | |
|----------------------------|--------------------------|
| NIC # / Passport # | |
| Accompanying person | Spouse + Children |
| Hotel: | |

Please declare name of accompanied person for registration

| | | |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|

Attention:

- The organizing committee shall be pleased to register all post retirement age POA Members on complementary basis (on request)
- Submit complete and proper accommodation information as above
- No complementary accommodation

GUIDELINE

Please indicate your preferred payment method and submit your registration form along with Proof of Payment.

- Demand Draft / pay order: Payable to "PAKISTAN ORTHOPAEDIC ASSOCIATION". Kindly mention the details:

Demand Draft / pay Order: _____, Date: ___ / ___ / _____

Amount (Rs/ US \$) _____, Bank Name _____

Please post your registration form along with Cheque / Demand Draft / Proof of payment at Conference Secretariat address

TARIFF

| Registration Fee | Registration Fee accompanied for issuance of tokens |
|--|---|
| POA Members | Rs 20,000/- |
| Non-Members | Rs 25,000/- |
| Foreign Guests | \$ 300- |
| Student Member | Rs 3000/- |
| Residents | Rs 6000/- |
| Spouse (They shall declare member children accompanied for issuance of tokens) | Rs 8000/- |

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SECRETARIAT

Email: porthocon@gmail.com

Karachi Office:
POA Office, Room No.2
PMA House, Aga Khan III Road,
Karachi.
Web: <http://www.p-o-a.org>

Quetta Office:
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Event Organizer:



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