



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/-

32nd PAK ORTHOCON 2018
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:
Department of Orthopaedic Surgery
Civil Hospital Quetta.
Email: fanooor@hotmail.com
Cell: +92 346 808 0088

Event Organizer:



Muhammad Akram
Cell: +92 321 23 00111
Email: info@genevents.biz