



REGISTRATION FORM

1st PAKISTAN INTERNATIONAL ORTHODONTIC CONFERENCE
23rd TO 25th September 2011 at the
College of Physicians & Surgeons Pakistan
7th Central Street, Defence Housing Authority, Karachi -75500, Pakistan

PAO MEMBERSHIP No.: _____

FOUNDER ACTIVE ASSOCIATE INTERNATIONAL STUDENT

PMDC No.: _____ (if applicable)

TITLE: _____

GENDER MALE FEMALE

INSTITUTION / ORGANIZATION: _____

POSTAL ADDRESS: _____

TEL OFF. / CLINIC _____ HOME : _____

MOBILE No.: _____ EMAIL: _____

ACCOMPANYING PERSON/S: _____ , _____

REGISTRATION FEE (inclusive of Lunch, Teas & Gala Dinner)

*Please tick the appropriate box

	EARLY BIRD (Before 31 st July 2011)	REGULAR (1 st Aug – 31 st Aug 2011)	ON SITE
PAO MEMBERS	<input type="checkbox"/> Rs. 3500/-	<input type="checkbox"/> Rs. 5500/-	<input type="checkbox"/> Rs. 7500/-
PAO STUDENT MEMBERS	<input type="checkbox"/> Rs. 1500/-	<input type="checkbox"/> Rs. 2500/-	<input type="checkbox"/> Rs. 3500/-
ACCOMPANYING PERSON	<input type="checkbox"/> Rs. 1500/-	<input type="checkbox"/> Rs. 2500/-	<input type="checkbox"/> Rs. 3500/-
NON-PAO MEMBERS	<input type="checkbox"/> Rs. 4500/-	<input type="checkbox"/> Rs. 6500/-	<input type="checkbox"/> Rs. 8500/-
FOREIGN DELEGATES	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 300	<input type="checkbox"/> USD 400
FOREIGN STUDENT DELEGATES	<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 200

Total Registration fee payable: _____

www.paoconference.com

PRE AND POST CONFERENCE WORKSHOPS / COURSES

VENUE: COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN, KARACHI.

COMMON SENSE MECHANICS BY THOMAS F MULLIGAN (USA)

(21st – 22nd September 2011)

	EARLY BIRD (Before 31 st July 2011)	REGULAR (1 st Aug – 31 st Aug 2011)	ON SITE (Not available)
PAO MEMBERS	<input type="checkbox"/> Rs. 20000/-	<input type="checkbox"/> Rs. 25000/-	
PAO STUDENT MEMBERS	<input type="checkbox"/> Rs. 10000/-	<input type="checkbox"/> Rs. 15000	
NON-PAO MEMBERS	<input type="checkbox"/> Rs. 25000/-	<input type="checkbox"/> Rs. 30000/-	
FOREIGN DELEGATES & STUDENTS	<input type="checkbox"/> USD 400	<input type="checkbox"/> USD 500	

TWEED WORKSHOP BY WILLIAM CHOI (TAIWAN) (26th September 2011)

*Full day workshop, 30 participants only.

	EARLY BIRD (Before 31 st July 2011)	REGULAR (1 st Aug – 31 st Aug 2011)	ON SITE (Not available)
PAO MEMBERS	<input type="checkbox"/> Rs. 10000/-	<input type="checkbox"/> Rs. 12500/-	
PAO STUDENT MEMBERS	<input type="checkbox"/> Rs. 5000/-	<input type="checkbox"/> Rs. 7500/-	
NON-PAO MEMBERS	<input type="checkbox"/> Rs. 12500/-	<input type="checkbox"/> Rs. 15000/-	
FOREIGN DELEGATES & STUDENTS	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 300	

EXCELLENCE IN FINISHING BY WILLIAM CHOI (TAIWAN) (27th September 2011)

*Full day workshop, 30 participants only.

	EARLY BIRD (Before 31 st July 2011)	REGULAR (1 st Aug – 31 st Aug 2011)	ON SITE (Not available)
PAO MEMBERS	<input type="checkbox"/> Rs. 10000/-	<input type="checkbox"/> Rs. 12500/-	
PAO STUDENT MEMBERS	<input type="checkbox"/> Rs. 5000/-	<input type="checkbox"/> Rs. 7500/-	
NON-PAO MEMBERS	<input type="checkbox"/> Rs. 12500/-	<input type="checkbox"/> Rs. 15000/-	
FOREIGN DELEGATES & STUDENTS	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 300	

LINGUAL ORTHODONTICS BY DR. HEE-MOON KYUNG (24th September 2011)

*Half day workshop, 90 participants only.

*Free for all the registered participants.

Total Workshops/Courses fee payable: _____

ACCOMODATION

CPSP GUEST HOUSE

Limited rooms are available for senior faculty members, on first come first served basis,

- Rs 1200/- per night single room Rs 1600/- per night double room.
- Dinner 300/- per person (to be paid on site)
- Dates of stay from _____ to _____
- No. of nights. _____
- Total payable amount _____ (please do not include the charges for the dinner)

CPSP HOSTELS FOR BOYS & GIRLS

Rooms are subject to availability and not for families

- Rs 450/- per night on sharing basis
- Dinner Rs 300/- per person (to be paid on site)
- Dates of stay from _____ to _____
- No. of nights. _____
- Total payable amount _____ (please do not include the charges for the dinner)

PAYMENT SUMMARY:

- REGISTRATION: _____
- WORKSHOPS/COURSES: _____
- ACCOMODATION: _____

- TOTAL AMOUNT: _____

Signature of applicant: _____

PAYMENT DETAILS:

Pay Order / Bank Draft No. _____ dated _____ payable to the "**Pakistan Association of Orthodontists**" Account No. 1003-0081-063915-01-3 Bank Al-Habib, Shahrah-e-Faisal Branch, Karachi, Pakistan.

Note: Please print and fill this form and send it to the Chairman Registration Committee along with the Pay Order / Bank Draft at the following address; Dr Amjad Mahmood, 991, Street 24, Phase IV, Bahria Town, Rawalpindi, Pakistan. Contact No.: +92-300-9557738. E-mail: amjadasim97@hotmail.com.