





Theme: Current & Emerging Intervention in Orthopaedics

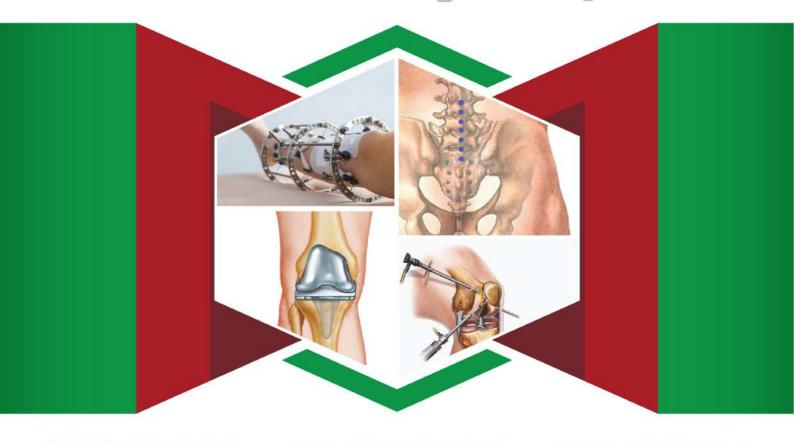
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Early Bird Registration Extended till 15th September, 2023



Prof. Zulfigar Ali Mastoi

Patron

Prof. Syed Karam Ali Shah

Chairman Organizing Committee

Prof. M. Azeem Akhund

Secretary Organizing Committee

Register NOW

Dr. Kishore Kumar Khatri

Chairman Registration Committee



Contact for Registration:

Dr. M. Azeem Akhund: 0333-2850120 Dr. Kishore Kumar Khatri: 0333-2683601



POA-Pakistan Orthopaedic Association Head Office, Room # 301, 3rd Floor, 106 - C, Al-Murtaza Commercial, Lane - 1, Phase 8, DHA, Karachi

POA BOT: 0332-3779085

https://p-o-a.org/orthocon2023

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Proposal for Registration



Sr. No.	ltems	Early Bird (Before Sep 15, 2023)	Post Early Bird (Before Sep 30, 2023)	Last Date for Registration (October 31, 2023)
1	POA Members	Rs. 15,000/-	Rs. 22,000/-	Rs. 25,000/-
2	Non-Members	Rs. 20,000/- Rs. 26,000/- Rs. 30,000/		Rs. 30,000/-
3	Resident (POTF Members + Accepted Manuscript)	Complimentary		
4	Resident (POTF Members)	Rs. 3,000/-	Rs. 5,000/-	Rs. 6,000/-
5	Resident	Rs. 5,000/-	Rs. 6,000/-	Rs. 7,000/-
6	Nurses / Allied Health Professionals / MAS	Rs. 2,000/-	Rs. 3,000/-	Rs. 3,500/-
7	Overseas Delegates	US \$250/-	US \$300/-	US \$350/-
8	Pharma Delegates	Rs. 5,000/-	Rs. 6,000/-	Rs. 7,000/-
9	Accompanying Person (mandatory)	Rs. 6,000/-	Rs. 8,000/-	Rs. 10,000/-













PCK ORTHOCONS 2nd - 5th November, Pearl Continental Hotel, Karachi Theme: Current & Emerging Intervention in Orthopaedics

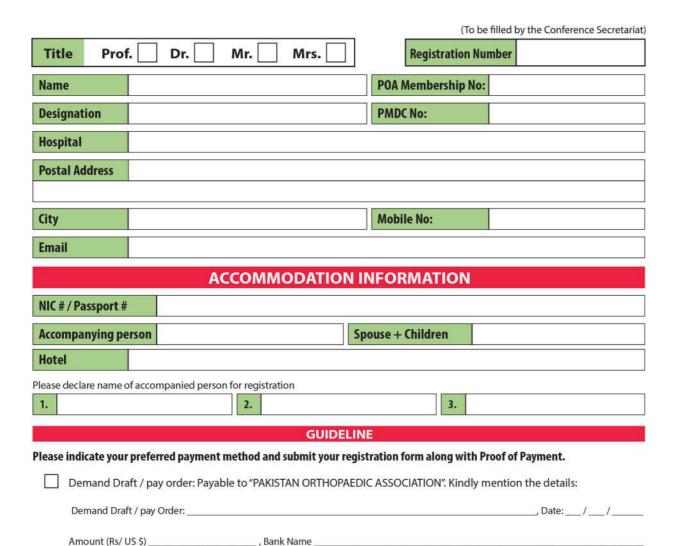
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POA Members



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

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2nd - 5th November, 2023 | Pearl Continental Hotel, Karachi

Theme: Current & Emerging Intervention in Orthopaedics





Nurses/Allied Health Professionals/Physician/MAs

	(To be filled by the Conference Secretariat)
Title Prof.	Dr. Mr. Mrs. Registration Number
Name	
Designation	
Hospital	
Postal Address	
City	Mobile No:
Email	
	ACCOMMODATION INFORMATION
NIC # / Passport #	
Accompanying person	Spouse + Children
Hotel	
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Please declare name of accom 1. Please indicate your prefer Demand Draft / pay	GUIDELINE red payment method and submit your registration form along with Proof of Payment.

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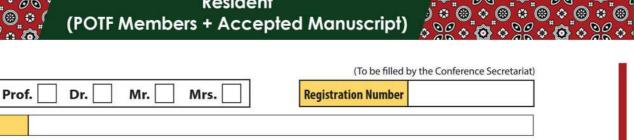
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Title

Resident



Name Designation Hospital **Postal Address** City **Mobile No: Email** ACCOMMODATION INFORMATION NIC # / Passport # **Accompanying person** Spouse + Children Hotel Please declare name of accompanied person for registration **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: _ , Bank Name

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

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Theme: Current & Emerging Intervention in Orthopaedics





Resident (POTF Members)

			(To be filled by the Conference Secretariat
Titl	e Prof.	Dr. Mr. Mrs.	Registration Number
Name			
Desig	nation		
Hospi	tal		
Posta	l Address		
	Ār		
City			Mobile No:
Email			
		ACCOMMODATION	NINFORMATION
NIC#	/ Passport #		
Accon	npanying person		Spouse + Children
Hotel			
Please o	leclare name of accor	mpanied person for registration	
1.		2.	3.
		GUIDE	LINE
Please	indicate your prefe	rred payment method and submit your r	egistration form along with Proof of Payment.
	Demand Draft / pa	y order: Payable to "PAKISTAN ORTHOPA	EDIC ASSOCIATION". Kindly mention the details:
	Demand Draft / pay	Order:	, Date: / /
	Amount (Rs/ US \$)	, Bank Name	
Please	post your registration	on form along with Cheque / Demand Dr	aft / Proof of payment at Conference Secretariat address

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Resident

	(To be filled by the Conference Secretariat
Title Prof.	Dr. Mr. Mrs. Registration Number
Name	
Designation	
Hospital	
Postal Address	
City	Mobile No:
Email	
	ACCOMMODATION INFORMATION
NIC # / Passport #	
Accompanying person	Spouse + Children
Hotel	
Please declare name of acco	empanied person for registration
1.	2.
	GUIDELINE
Please indicate your prefe	erred payment method and submit your registration form along with Proof of Payment.
Demand Draft / pa	ay order: Payable to "PAKISTAN ORTHOPAEDIC ASSOCIATION". Kindly mention the details:
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Amount (Rs/ US \$) _	, Bank Name
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POA Non Members



Title Prof.	Dr. Mr. Mrs.	Registration Number			
Name					
Designation					
Hospital					
Postal Address					
City		Mobile No:			
Email					
	ACCOMMODATION	INFORMATION			
NIC # / Passport #					
Accompanying person Spouse + Children					
Hotel					
Please declare name of accor	mpanied person for registration				
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	GUIDEL	INE			
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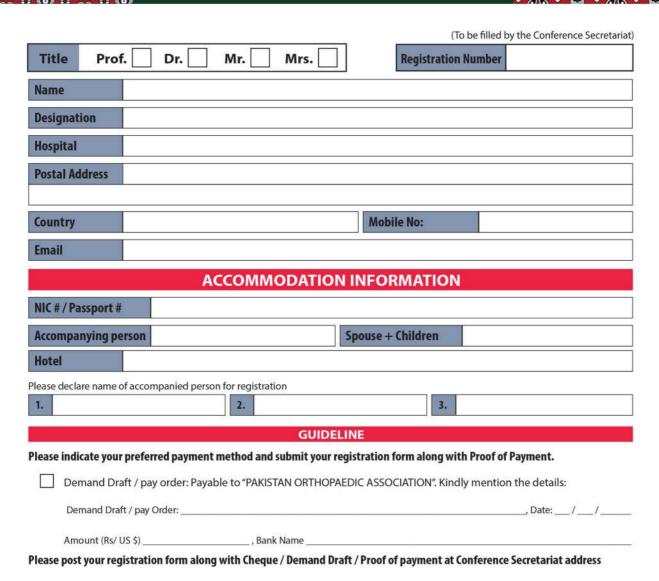
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Overseas Delegates



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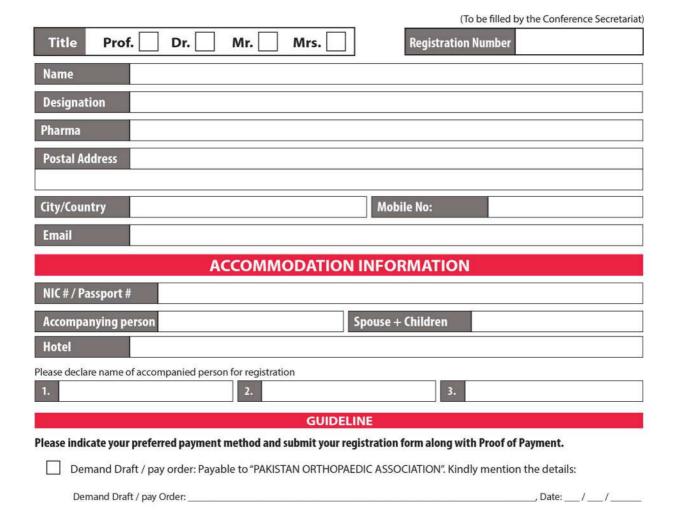
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Pharma Delegates



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_ , Bank Name _

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\$\int_0^0 \land \bigotimes	Accompanying Person (Mandatory)	
	(To be filled by the Conference Secretariat)	

		(10 be filled by the Conference Secretariat
Title Prof. D	r. Mr. Mrs.	Registration Number
Name		
Designation		
Hospital		
Postal Address		
City		Mobile No:
Email		
	ACCOMMODATION	INFORMATION
NIC # / Passport #		
Accompanying person		Spouse + Children
Hotel		
Please declare name of accompan	iled person for registration	
1.	2.	3.
	GUIDEL	INE
Please indicate your preferred p	payment method and submit your re	egistration form along with Proof of Payment.
Demand Draft / pay ord	ler: Payable to "PAKISTAN ORTHOPA	EDIC ASSOCIATION". Kindly mention the details:
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Amount (Rs/ US \$)	, Bank Name	

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