



36<sup>th</sup>

**INTERNATIONAL  
PAK ORTHOCON 2023**

2<sup>nd</sup> - 5<sup>th</sup> November, Pearl Continental Hotel, Karachi  
Theme: Current & Emerging Intervention in Orthopaedics



# Early Bird Registration Extended till 15<sup>th</sup> September, 2023



**Prof. Zulfiqar 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



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## Proposal for Registration

Sr. No.	Items	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/-
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/-





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## POA Members

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	
<b>Name</b>				<b>POA Membership No:</b>		
<b>Designation</b>				<b>PMDC No:</b>		
<b>Hospital</b>						
<b>Postal Address</b>						
<b>City</b>				<b>Mobile No:</b>		
<b>Email</b>						

### ACCOMMODATION INFORMATION

<b>NIC # / Passport #</b>						
<b>Accompanying person</b>				<b>Spouse + Children</b>		
<b>Hotel</b>						

Please declare name of accompanied person for registration

1.		2.		3.	
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### 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

**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**  
Website: <https://p-o-a.org/orthocon2023>  
Email: [pakorthocon2023@gmail.com](mailto:pakorthocon2023@gmail.com)

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## Nurses/Allied Health Professionals/Physician/MAs

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>					
<b>Designation</b>	<input type="text"/>					
<b>Hospital</b>	<input type="text"/>					
<b>Postal Address</b>	<input type="text"/>					
<b>City</b>	<input type="text"/>	<b>Mobile No:</b>	<input type="text"/>			
<b>Email</b>	<input type="text"/>					

### ACCOMMODATION INFORMATION

<b>NIC # / Passport #</b>	<input type="text"/>					
<b>Accompanying person</b>	<input type="text"/>	<b>Spouse + Children</b>	<input type="text"/>			
<b>Hotel</b>	<input type="text"/>					

Please declare name of accompanied person for registration

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## Resident (POTF Members + Accepted Manuscript)

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	
<b>Name</b>						
<b>Designation</b>						
<b>Hospital</b>						
<b>Postal Address</b>						
<b>City</b>		<b>Mobile No:</b>				
<b>Email</b>						

### ACCOMMODATION INFORMATION

<b>NIC # / Passport #</b>						
<b>Accompanying person</b>		<b>Spouse + Children</b>				
<b>Hotel</b>						

Please declare name of accompanied person for registration

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## Resident (POTF Members)

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>					
<b>Designation</b>	<input type="text"/>					
<b>Hospital</b>	<input type="text"/>					
<b>Postal Address</b>	<input type="text"/>					
<b>City</b>	<input type="text"/>	<b>Mobile No:</b>	<input type="text"/>			
<b>Email</b>	<input type="text"/>					

### ACCOMMODATION INFORMATION

<b>NIC # / Passport #</b>	<input type="text"/>					
<b>Accompanying person</b>	<input type="text"/>	<b>Spouse + Children</b>	<input type="text"/>			
<b>Hotel</b>	<input type="text"/>					

Please declare name of accompanied person for registration

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## Resident

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	
<b>Name</b>						
<b>Designation</b>						
<b>Hospital</b>						
<b>Postal Address</b>						
<b>City</b>		<b>Mobile No:</b>				
<b>Email</b>						

### ACCOMMODATION INFORMATION

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<b>Accompanying person</b>		<b>Spouse + Children</b>				
<b>Hotel</b>						

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## POA Non Members

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>					
<b>Designation</b>	<input type="text"/>					
<b>Hospital</b>	<input type="text"/>					
<b>Postal Address</b>	<input type="text"/>					
<b>City</b>	<input type="text"/>	<b>Mobile No:</b>	<input type="text"/>			
<b>Email</b>	<input type="text"/>					

### ACCOMMODATION INFORMATION

<b>NIC # / Passport #</b>	<input type="text"/>					
<b>Accompanying person</b>	<input type="text"/>	<b>Spouse + Children</b>	<input type="text"/>			
<b>Hotel</b>	<input type="text"/>					

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## Overseas Delegates

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>					
<b>Designation</b>	<input type="text"/>					
<b>Hospital</b>	<input type="text"/>					
<b>Postal Address</b>	<input type="text"/>					
<b>Country</b>	<input type="text"/>	<b>Mobile No:</b>	<input type="text"/>			
<b>Email</b>	<input type="text"/>					

### ACCOMMODATION INFORMATION

<b>NIC # / Passport #</b>	<input type="text"/>					
<b>Accompanying person</b>	<input type="text"/>	<b>Spouse + Children</b>	<input type="text"/>			
<b>Hotel</b>	<input type="text"/>					

Please declare name of accompanied person for registration

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## Pharma Delegates

(To be filled by the Conference Secretariat)

Title	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Registration Number	<input type="text"/>
Name	<input type="text"/>					
Designation	<input type="text"/>					
Pharma	<input type="text"/>					
Postal Address	<input type="text"/>					
City/Country	<input type="text"/>	Mobile No:	<input type="text"/>			
Email	<input type="text"/>					

### ACCOMMODATION INFORMATION

NIC # / Passport #	<input type="text"/>					
Accompanying person	<input type="text"/>	Spouse + Children	<input type="text"/>			
Hotel	<input type="text"/>					

Please declare name of accompanied person for registration

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## Accompanying Person (Mandatory)

(To be filled by the Conference Secretariat)

<b>Title</b>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Registration Number</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>					
<b>Designation</b>	<input type="text"/>					
<b>Hospital</b>	<input type="text"/>					
<b>Postal Address</b>	<input type="text"/>					
<b>City</b>	<input type="text"/>	<b>Mobile No:</b>	<input type="text"/>			
<b>Email</b>	<input type="text"/>					

## ACCOMMODATION INFORMATION

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