

REGISTRATION FORM

49th Cardiocon Conference

22th - 24th Nov 2019

Venue: Serena Hotel Islamabad, Pakistan

Title Prof/Dr./Mr./Ms.

Name _____ PMDC # _____

Designation _____ CNIC # _____

Hospital _____

Mailing Address _____

Telephone (with area code) Hospital _____ Clinic _____

E-mail Address _____ Mobile _____

Res _____

Sponsor Company _____

Sponsor Rep Name _____ Rep Mob # _____

I would like my title and name to appear on the conference badge as

CONFERENCE FEES. **Registration Fees** (All fees listed in PKR funds.)

Category	Fee
Consultant / Delegates	PKR 20,000
Physicians	PKR 10,000
Fellows / Trainee	PKR 8,000
Pharma Industry per person	PKR 10,000
Medical Students	PKR 3,000

No Entry without registration.

Receiver Signature

Participant Signature