LOGO's

Form No: _____ Date: _____

Full Name: _____ S/O, D/O.: _____

Qualification: _____ Designation: _____

Institute / Hospital: _____ CNIC. No.: _____

Postal Address.: _____

City: _____ Country: _____

Email: _____ Contact No: _____

PMDC No.: _____

CONFERENCE REGISTRATION FEES:

NATIONAL DELEGATES:	EARLY BIRD REGISTRATION	STANDARD REGISTRATION
CONSULTANT	PKR. 15,000/-	PKR.20,000/-
TRAINEE, NURSE, DIETICIAN	PKR. 5,000/-	PKR. 5,000/-
DINNER	PKR. 5,000/- (for Additional Guest)	

Payment should be in favor of:

Account Title: **PAKISTAN SOCIETY METABOLIC & BATRIATRIC SURGERY**
IBAN: **PK07JSBL9557000001242980**
Bank: **JS BANK**
Branch & Code: **F-7 MARKAZ BRANCH, ISLAMABAD**

Note: Please Make Payment by Direct (Online Transfer) in to "Pakistan Society Metabolic & Bariatric Surgery" Official bank account & forward receipt of transfer along with complete registration form to Mr. Waqas Khan(Email. psmbs2025@gmail.com).

The Registration Fees includes Meals for the conference & Gala Dinner.

For office use only:

Received by: _____ Signature: _____

Date: _____ Place: _____

Counter Signature: _____

Conference Secretariat:
Surgical unit 4, New Surgical Complex JPMC Karachi
Email: psmbs2025@gmail.com
Contact No. +92 336 8822332