



AYUBIANS INTERNATIONAL CONFERENCE & GRAND REUNION 2019

27th-29th Dec, 2019 at Ayub Medical College, Abbottabad.



Annex - III

WORKSHOP REGISTRATION FORM

*Full Name (in **BLOCK** Letters): _____

*Sex: [] Male [] Female

*Postal Address: _____

*CNIC Number						-								-	
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Required for security purpose during inaugural, closing sessions and for entry in Gala Dinner

*Mobile #: _____ *Email: _____

*Specialty: _____ Post-graduation Qualification: _____

Present Designation: _____

Present Institution: _____

*I would like to attend the Workshop titled (PCW- _____)

*Date of the Workshop: _____

*Venue of the Workshop: _____

*Time of the Workshop: [] Morning Session [] Afternoon Session [] Full Days' Session

*Total Payable Amount for Full Day : Rs.1000 CME Hours: 02

* Total Payable Amount for Half Day: Rs.500 CME Hour: 01

Office use only

*Signature: _____ Date: _____