

REGISTRATION FORM

Please provide your details as specified below in order to register you for TKM '24.

Name: _____
 CNIC: _____
 Address: _____

 Mobile: _____ email: _____
 Job Title: _____
 Hosp./organization: _____
 POA membership #: _____

Registration fee for TKM'24

7th-8th sept: 2024
 8:00am-6:00pm

S.no	Items	Early Bird Before July 30 th , 2024	After July 30 th 2024	Please tick the box:
1	Residents	15,000/=	20,000/=	
2	Consultants	25,000/=	30,000/=	
3	Physiotherapist	10,000/=	15,000/=	
4	Pharma	10,000/=	15,000/=	
5	International	200 USD	250 USD	

Registration fee for Workshop*

6th sept: 2024
 8:00am-6:00pm

Venue: Najmuddin auditorium, JPMC, Karachi

Please note that only meeting registered participants are allowed to register for the workshop:

S.no	Workshop name	Early Bird before 30 th July 2024	After July 30 th , 2024	Please tick the box:
1	Point of care Hands-on MSK Ultrasound	30,000/=	40,000/=	
2	Hands on cadaveric Sports Surgery	40,000/=	50,000/=	
3	Hands-on cadaveric Arthroplasty	40,000/=	50,000/=	
4	Combined Sports Surgery and Arthroplasty	80,000/=	100,000/=	

- * Workshop seats are allocated on first come first serve basis
- ** Cadaveric workshop seats are limited to 12 participants/session (two sessions only)
- ** MSK ultrasound workshop seats are limited to 16 participants only
- *** Participants/ faculty ratio 1:1

Please make bank transfer and attach receipt with this form in order to confirm your place.
Send your proof of payment to ykortho2020@gmail.com

Account title: M/S YK ORTHOPAEDICS
BANK AL HABIB
TAUHEED COMMERCIAL BRANCH, KARACHI
IBAN #: PK82 BAH1 5032 0081 0003 3101

We look forward to welcome you for this meeting.

Regards

Dr Yasir Khan

Dr Yasir Khan
Chairman Organizing Committee

For office use only:

Cheque/ Pay order number: _____

Amount: _____

Registration #: _____

Workshop booked:

1. Sports Surgery
2. Arthroplasty
3. Combined
4. MSK Ultrasound

WhatsApp/ email receipt sent to the participant Date: _____