



SOGGP

National Conference



18TH - 20TH APRIL 2025

Pearl Continental Hotel, Karachi

Please submit filled form along with registration fee

Send the form via Email, WhatsApp or Courier on this address
 Conference Coordinator
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Account Title: Society of obstetricians and Gynaecologists of Pakistan (SOGP)
 Account Number: 00650011037703
 Branch Name: JPMC Branch
 Bank Name: HABIB BANK LTD Karachi
 NTN No: 3250286-9

Registration Form

(1) Please fill in the English, (2) Complete all lines hereunder marked with*, (3) fill in one form per participant.

MEMBER INFORMATION		
First Name	Last Name	Conference name badge
Title <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	SOGP Registration number	
<input type="checkbox"/>	Organization /Institute	Position
Postal Address		
City		Country
Telephone	Fax	E-mail
Social Program	Banquet& Welcome Reception <input type="checkbox"/> Attend <input type="checkbox"/> Not Attend	
ACCOMPANYING PERSON		
First Name	Last Name	Title. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
(Relationship to Registrant)		
Social Program	Inaugural ceremony/gala dinner/ghazal night <input type="checkbox"/> Will attend <input type="checkbox"/> Will not attend	
CONFERENCE REGISTRATION FEE		
SOGP Life Members & All PGs	Consultants: Rs: 20,000/- <input type="checkbox"/> PGs, RMOs & HOs: Rs: 12,000/- <input type="checkbox"/>	SOGP Membership # _____
Non-Members / All Accompanying Person / Others	Consultants: Rs: 25,000/- <input type="checkbox"/> PGs, RMOs & HOs: Rs: 15,000/- <input type="checkbox"/>	Nurses & Midwives: Rs: 10,000/- <input type="checkbox"/> Foreign Delegates: USD: 100/- <input type="checkbox"/>
Registration through companies with stalls	Company name /stall name:	