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**Armed Forces Bone Marrow Transplant Centre, Rawalpindi - Pakistan**

**3rd International Seminar on Haematology and Stem Cell Transplantation 19-20 November, 2016**

**Venue: Faruki Auditorium, AFPGMI Rawalpindi**

REGISTRATION FORM

**Title (Prof./Dr./Mr./Mrs/Miss):**

**First Name:**

**Last Name:**

**Gender:**

**Your Present Institution:**

**Work Address:**

**Email Address:**

**Phone Number: Mobile Number:**

**Accompanying guest(s) if any:**

**Are you going to present in the conference: Yes** [ ]  **No** [ ]

**Preferred medium of presentation: Oral** [ ]  **Poster** [ ]

**Registration Fee: Consultant** [ ]  **Trainee** [ ]

 **Rs.1000/- Rs.500/-**

**Gala Dinner: Consultant** [ ]  **Trainee** [ ]

 **Rs.1000/- Rs.500/-**

**Accompanying Person(s): Rs.500/- each** [ ]

Registration fee can be paid through bank draft / cross cheque in the name of **“Congress BMT Secretariat”** along with filled registration form (available on websites www.afbmtc.org and www.psh.org.pk) through postal address **“Seminar Secretariat AFBMTC, CMH Medical Complex, Rawalpindi (46000) Pakistan”**.

For details or info please contact:

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