WORKSHOP ON

RECONSTRUCTIVE MICRO SURGERY & REPLANTATION

(Part of CPSP Golden Jubilee Celebration)

November 5th - 8th, 2012

COURSES DIRECTOR
Prof. Moazzam N Tarar
DEPARTMENT OF PLASTIC SURGERY
ALLAMA IQBAL MEDICAL COLLEGE / JINNAH HOSPITAL LAHORE

CHIEF INSTRUCTOR
Mr. Umraz Khan
SENIOR CONSULTANT PLASTIC SURGEON
FRENCHAY HOSPITAL, BRISTOL, UK.

FOR REGISTRATION:
Dr. M. Younus Mehrose
0333-4282049

(Hands On Microsurgical Training available for 16 participants only)

Venue:

- College Of Physician & Surgeons Pakistan
  Regional Center Lahore
  (Via Video Link in Karachi & Other Regional Centers)

- North Operation Theatre (N.O.T) / Demonstration Room Surgical Unit II, Jinnah Hospital Lahore.
REGISTRATION FORM

5th – 8th November, 2012

Hands on Training Workshop on
Reconstructive Microsurgery
For FCPS-II
(Video Link to Karachi, Lahore, Islamabad, Multan, Peshawar, Hyderabad & Bahawalpur
Centers for Interactive Session)

NAME: ______________________________________________________ Male ☐ Female ☐

FATHER / HUSBAND’S NAME: ________________________________________________

NAME OF INSTITUTION: ______________________________________________________

SUPERVISOR’S NAME: _______________________________________________________

RTMC No: _________________________________________________________________

MAILING ADDRESS: _________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

TELEPHONE NO: Res: ___________________________ Mobile: _______________________

E-mail: _________________________________________________________________

Registration fee: Rs. 6000/- (including the course and limited to 16 participants only)

Signature of Applicant: ___________________________

Date: ___________________________
COLLEGE OF PHYSICIANS & SURGEONS
PAKISTAN

REGISTRATION FORM

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Venue: ____________________________________________

NAME: __________________________________________________ ______

__________________________________ ________________________

NAME OF INSTITUTION: ________________________________________

____________________________________ ________________________

SUPERVISOR'S NAME

RTMC No: _____________________________________________

MAILING ADDRESS: _______________________________________________________________________

_____________________________________________________________________________________

TELEPHONE NO: Res: ___________________________ Mobile: ___________________________

E-mail: ____________________________________________________

Registration fee: Rs. 2500/-

Signature of Applicant: ______________________

Date: ______________________