



COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

College of Physicians & Surgeons Pakistan is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians



DEPARTMENT OF MEDICAL EDUCATION

REGISTRATION FORM

CPSP ID / FELLOWSHIP No. (If Trainee/Supervisor/Fellow): _____

TITLE OF ACTIVITY: _____

PERSONAL INFORMATION

Name: _____

Father's/Husband's Name: _____

CNIC #: - Cell #: _____

Email: _____

Specialty: _____ Designation: _____

Institute: _____

Mailing Address: _____

REGISTRATION

Registration Fee (In figures): _____ (In words) _____

PLEASE PROVIDE FOLLOWING DETAILS

UBL Challan Pay-order Demand draft

Name of Bank: _____

Draft Number: _____

Date: _____

DISCLOSURE INFORMATION

The activity does not have any commercial support, and its organizers, planners and speakers do not have any relevant financial relationship.

OR

In case of any commercial support or relevant financial relationship, the nature of the relationship shall be mentioned in the advertisements and banners of the activity.