



**CBAM REGISTRATION FORM
2022**

“CBAM STEP 1 & 2 REGISTRATION FORM “

**Dedicated Day
2022**

“The only platform offering World Experts”

LIMITED SEATS

Please complete this cbam form.

GENERAL INFORMATION

Name: _____ City: _____
CNIC: _____
Organization: _____
PMDC/GMC Number: _____
(No form will be processed without this info)
Mailing Address: _____
Mobile # _____ Telephone (1): _____
E-mail: _____

In case of **emergency**, please contact:

Name: _____ Telephone (2): _____

I hereby pledge that all the information provided by me is correct and that I will abide by the terms & conditions implemented by the administration.

Valid Signature:

CBAM STEP 1 & 2

<i>Sr #</i>	<i>Title</i>		<i>Charges (PKR)</i>
1	Step 1 & 2	<input type="checkbox"/>	3600\$/-

My PMDC number is: _____

(No will be allotted without PMDC registration number)

PAYMENT INFORMATION

PAYMENT OPTIONS (Check one): ☐ Bank Transfer ☐ Western union

All payments to be made at **IBAN: PK43 MEZN 0003 0801 0245 8744**
ACADEMY OF AESTHETIC MEDICINES AND SURGERY
MEEZAN BANK.

I authorize Academy of Aesthetic Medicines and Surgery (AAMS) to charge for my conference membership dues in the total amount of PKR/USD

Signature:

Name:

Cancellation and Refund Policy

In case of cancellation One Month prior to event, 50% fee is refundable. In case the cancellation is requested within two weeks of event, 20% fee will be refundable. **Registrations will not be processed if payment is not made.**

For details call us at 051-8441444 or 0332-5558151 or email us at info@aamsp.com.pk. or maliha@aamsp.com.pk

Visit our website at www.aamsp.com.pk