



Registration Form

2nd International Conference “Paradigm shift in health care profession”

Date: March 5-6, 2024

Venue: University of Swabi, Swabi, Khyber Pakhtunkhwa, Pakistan

1. Attendee Information:

Name: _____

Position/Title: _____

Affiliation: _____

Address: _____

Phone: _____

E-mail: _____

2. Conference Fee:

National:

Category	Early bird	Normal
Professional	Rs. 2500/-	Rs. 3000/-
Student	Rs. 1500/-	Rs. 2000/-

International:

Category	Early bird	Normal
Professional	USD 250	USD 300
Student	USD 150	USD 200

Registration fee includes
Admission to all sessions & exhibition
Conference material
Refreshment

3. Accommodation Fee:

Cost per night	
Single	Rs 3000/-
Sharing	Rs 1500/-

Note:

1. Early bird registration & Abstract submission deadline is Jan 19, 2024.
2. Please attach the evidence of payment with the registration form
3. A valid student card copy should be attached with the form to claim student package
4. Submit the “Registration Form” complete in all respect on PSHCP@uoswabi.edu.pk

4. ARE YOU SUBMITTING ABSTRACT?

YES

NO

If yes; Please submit your abstract on PSHCP@uoswabi.edu.pk along with registration form complete in all respect.

5. ARE YOU PRESENTING?

ORAL

POSTER

PARTICIPANT

If presenting; Kindly keep in touch on PSHCP@uoswabi.edu.pk to have your time slot reserved on the “Schedule of event”