

Registration Form

Conference Title:

***“World Congress on Cosmetic-Plastic Gynecology Complications:
Preventions and Corrective Therapies”***

Please Choose

- Professor Medical doctor Ph. D. Medical doctor in training
 Nurse Student Mr. Mrs. Ms.

Name (First and Last Name):

Physicians in Practice _____

Physicians in Training _____

Nurse _____

Contacts:

E-mail address: _____

Mail Address:

Street Address: _____

City _____

Country _____

Zip Code _____

Register as:

- Speaker (**Please provide Abstract Title**):
 Participants

SUBMIT

REGISTRATION FEE

PROFESSION	FEE
High and Middle Income Countries: <input type="radio"/> Physicians in Practice	300 USD
<input type="radio"/> Physicians in Training (Present certificate)	100 USD
<input type="radio"/> Nurses	100 USD
Low Income Country: <input type="radio"/> Physicians in Practice	50 USD
<input type="radio"/> Physicians in Training (Present certificate)	25 USD
<input type="radio"/> Nurses	25 USD
<input type="radio"/> Industry	400 USD

Early Bird Registration fees

Please click on the circle to select your profession and fee.

Registration	Before March 1 st , 2023	After March 1 st , 2023
High Income Country		
<input type="radio"/> Physicians in Practice	275 USD	300 USD
<input type="radio"/> Physicians in Training (Present certificate)	75 USD	100 USD
<input type="radio"/> Nurses	75 USD	100 USD
Low Income Country:		
<input type="radio"/> Physicians in Practice	40 USD	50 USD
<input type="radio"/> Physicians in Training (Present certificate)	15 USD	25 USD
<input type="radio"/> Nurses	15 USD	25 USD
<input type="radio"/> No Medical Profession (Present verification)	15 USD	15 USD

The World Bank Classification of Low-Income Countries

Afghanistan	The Gambia	North Korea
Albania	Georgia	North Macedonia
Algeria	Ghana	Pakistan
Angola	Grenada	Palau
Antigua and Barbuda	Guatemala	Palestine
Armenia	Guinea	Papua New Guinea
Azerbaijan	Guinea-Bissau	Paraguay
Bangladesh	Guyana	Peru
Belarus	Haiti	Rwanda
Belize	Honduras	Saint Helena
Benin	Iraq	Saint Kitts and Nevis
Bhutan	Jamaica	Saint Lucia
Bolivia	Jordan	Saint Vincent and The Grenadines
Bosnia and Herzegovina	Kenya	Samoa
Botswana	Kiribati	Sao Tome and Principe
Burkina Faso	Kosovo	Senegal
Burundi	Kyrgyzstan	Serbia
Cambodia	Laos	Seychelles
Cameroon	Lebanon	Sierra Leone
Cape Verde	Lesotho	Solomon Islands
The central African Republic	Liberia	Somalia
Chad	Libya	South Sudan
Colombia	Madagascar	Sri Lanka
Comoros	Malawi	Sudan
The Democratic Republic of	Maldives	Suriname
Congo,	Mali	Syria
Republic of Cook Islands	Marshall Islands	Tajikistan
Cote d'Ivoire	Mauritania	Tanzania
Cuba	Mauritius	Togo
Djibouti	Micronesia,	Tokelau
Dominica	Federated States of Moldova	Tonga
East Timor	Mongolia	Tunisia
Ecuador	Montenegro	Tuvalu
Egypt	Morocco	Uganda
El Salvador	Mozambique	Ukraine
Equatorial Guinea	Myanmar	Uzbekistan
Eritrea	Namibia	Vanuatu
Eswatini	Nauru	Venezuela
Ethiopia	Nepal	Vietnam
Fiji	Nicaragua	Yemen
Gabon	Niger	Zambia
	Nigeria	Zimbabwe
	Niue	

Waiving registration fees will be considered based on request.

FORM OF PAYMENT

Please get in touch with the Institute of Gynecology, Inc., when you need assistance by e-mail: ao@baymedical.com or telephone (727) 343-6606 and ask for *Mrs. Helga Reed* (the Congress coordinator) or fax your authorization form to (727) 341-0121).

You can make payment for the Congress REGISTRATION by

a) the bank wire transfer

b) credit card

c) bank-certified check:

1. Bank Wire Transfer:

To: ADAM OSTRZENSKI, M.D., Ph.D.

BANK Name: Wells Fargo Bank, N.A.

Bank Address: 420 Montgomery St., San Francisco, CA 94104, USA

Account Number: 1000005732990

(Swift/BIC code): WFBIUS6S

ROUTING Number: 121000248

Bank wiring from the USA only Routing Number (121000248) is needed!

2. Credit Card Payment

CREDIT CARD AUTHORIZATION FORM

Please fill out the form below!

I _____ AUTHORIZE MY CREDIT CARD
(First and last name)

CHARGE FOR: CPG WORLD CONGRESS

CREDIT CAR TYPE:

_____ VISA

_____ AMERICAN EXPRESS

_____ MASTERCARD

_____ DISCOVER

CREDIT CARD NUMBER & PIN _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON THE CARD _____

AUTHORIZED SIGNATURE _____

TELEPHONE NUMBER () _____

Attach a LEGIBLE COPY OF THE FRONT & BACK of the CREDIT CARD.

3. Bank-Certified Check Payment