Registration Form

Conference Title:

"World Congress on Cosmetic-Plastic Gynecology Complications: Preventions and Corrective Therapies"

Please Choose O Professor O Medical doctor O Ph. D. O Medical doctor in training O Mr. Nurse Student \bigcirc Mrs. \bigcirc Ms. Name (First and Last Name): Physicians in Practice _____ Physicians in Training_____ Nurse_____ **Contacts:** E-mail address: Mail Address: Street Address: Zip Code_____ Register as: Speaker (Please provide Abstract Title): Participants

SUBMIT

REGISTRATION FEE

PROFESSION		FEE
	High and Middle Income Countries: Physicians in Practice	300 USD
0	Physicians in Training (Present certificate)	100 USD
0	Nurses	100 USD
Low Income Country:		50 HGD
0	Physicians in Practice	50 USD
0	Physicians in Training (Present certificate)	25 USD
0	Nurses	25 USD
0	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		
 Physicians in Practice 	275 USD	300 USD
O Physicians in Training (Present certificate)	75 USD	100 USD
O Nurses	75 USD	100 USD
Low Income Country:		
Physicians in Practice	40 USD	50 USD
O Physicians in Training (Present certificate)	15 USD	25 USD
Nurses	15 USD	25 USD
O No Medical Profession (Present verification)	15 USD	15 USD

The World Bank Classification of Low-Income Countries

	The Gambia	VI . d. VI
Afghanistan	Georgia	North Korea
Albania	Ghana	North Macedonia
Algeria	Grenada	Pakistan
Angola	Guatemala	Palau
Antigua and Barbuda	Guinea	Palestine
Armenia	Guinea-Bissau	Papua New Guinea
Azerbaijan	Guyana	Paraguay
Bangladesh	Haiti	Peru
Belarus	Honduras	Rwanda
Belize	Iraq	Saint Helena
Benin	Jamaica	Saint Kitts and Nevis
Bhutan	Jordan	Saint Lucia
Bolivia	Kenya	Saint Vincent and The Grenadines
Bosnia and Herzegovina	Kiribati	Samoa
Botswana	Kosovo	Sao Tome and Principe
Burkina Faso	Kyrgyzstan	Senegal
Burundi	Laos	Serbia
Cambodia	Lebanon	Seychelles
Cameroon	Lesotho	Sierra Leone
Cape Verde	Lesotho Liberia	Solomon Islands
The central African Republic	Libya	Somalia
Chad	5	South Sudan
Colombia	Madagascar Malawi	Sri Lanka
Comoros	Maldives	Sudan
	Mali	Suriname
The Democratic Republic of	Marshall Islands	Syria
Congo,		Tajikistan
Republic of Cook Islands Cote d'Ivoire	Mauritania	Tanzania
	Mauritius	Togo
Cuba	Micronesia,	Tokelau
Djibouti Dominica	Federated States of Moldova	Tonga
East Timor	Mongolia	Tunisia
	Mortenegro	Tuvalu
Ecuador	Morocco	Uganda
Egypt	Mozambique	Ukraine
El Salvador	Myanmar	Uzbekistan
Equatorial Guinea	Namibia	Vanuatu
Eritrea	Nauru	Venezuela
Eswatini	Nepal	Vietnam
Ethiopia	Nicaragua	Yemen
Fiji	Niger	Zambia
Gabon	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: THE INSTITUTE OF GYNECOLOGY, INC.

BANK Name: Branch Banking and Trust Company (BB&T)

Bank Address: 7995 113 St N Seminole, Florida 33772-4668, USA

Account Number: 0000148247196

IBAN (Swift code): BRBTUS33

ROUTING Number: 263191387

2. Credit Card Payment

CREDIT CARD AUTHORIZATION FORM

Please fill out the form below!

I (First and last name)	AUTHORIZE MY CREDIT CARD				
CHARGE FOR: CPG WORLD CONGRESS					
CREDIT CAR TYPE:	VISAAMERICAN EXPRESSMASTERCARDDISCOVER				
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