

## POST-CONGRESS COURSE/WORKSHOP REGISTRATION FEE

**FEES:** The IOG developed a high-quality educational post-congress course/workshop curriculum on COSMETIC-PLASTIC GYNECOLOGY (CPG). The fee is reduced for the congress participants, and a different payment is based on a country's income. The World Bank Classification of Income is presented below to determine who is qualified.

### 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 Congo,	Maldives	Suriname
Republic of Cook Islands	Mali	Syria
Cote d'Ivoire	Marshall Islands	Tajikistan
Cuba	Mauritania	Tanzania
Djibouti	Mauritius	Togo
Dominica	Micronesia,	Tokelau
East Timor	Federated States of Moldova	Tonga
Ecuador	Mongolia	Tunisia
Egypt	Montenegro	Tuvalu
El Salvador	Morocco	Uganda
Equatorial Guinea	Mozambique	Ukraine
Eritrea	Myanmar	Uzbekistan
Eswatini	Namibia	Vanuatu
Ethiopia	Nauru	Venezuela

Fiji Gabon	Nepal Nicaragua Niger Nigeria Niue	Vietnam Yemen Zambia Zimbabwe
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***Reduced Fee for Current Post-Congress Course***

	Practicing Surgeon Fee	Physician in Training or Nurse Fee
High and Middle Income Countries	\$ 500	\$ 150
Low-Income Countries	\$ 100	\$ 50

**REGISTER NOW!**

**Post-Congress Course/Workshop Title:**

**BASIC COURSE and WORKSHOP ONLINE on COSMETIC-PLASTICPG  
GYNECOLOGY (CPG) with CERTIFICATE**

Post-Congress Educational Opportunity (Reduce Fee)

*The post-congress course/workshop will be presented in English using  
PowerPoint!*

**A Registration Form**

Please Choose

- Professor     Medical doctor     Ph. D.     Medical doctor in training  
 Nurses     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 (**Abstract Title**):     Participants

**SUBMIT**

## **PAYMENT**

Every participant must be formally registered for the Congress before registration for the course-workshop. The Congress significantly reduced the fee for the post-congress class—workshop, and only the congress registered participants are eligible to attend.

Please get in touch with the Institute of Gynecology, when you need assistance by e-mail: [ao@baymedical.com](mailto: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, or send e-mail to [cpg@cpg-congress.com](mailto:cpg@cpg-congress.com).

*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):** BRBTUS33

**ROUTING Number:** 121000248

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

## **2. Credit Card Payment**

# A CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ AUTHORIZE MY CREDIT CARD  
(First and last name)

CHARGE FOR: CPG WORLD CONGRESS

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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 ( ) \_\_\_\_\_

**Please e-mail to [ao@baymedical.com](mailto:ao@baymedical.com) this completed form**

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

**The bank credit card processing fee is 3% and will be added to the payment.**

## **3. Certified Bank Check Payment**