

**Registration Form
PARACON 2024
October 09-10, 2024
Department of Parasitology, UVAS, Lahore**

Full Name (Capital letters): _____

University/Organization: _____

Mailing Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country: _____ **Telephone: (_____)_____** **Fax: (_____)_____**

Email: _____

Submitting Abstract: Attach File please

Title of paper: _____

Principal Author _____ **Co-Authors:** _____

PRESENTING AUTHOR

Do you need accommodation? Yes [] No []

CONFERENCE FEES

1. **Registration Fees** (All fees listed in Pak Rupees) Includes reception, 2 lunches, breaks, banquet, and proceedings.

PLEASE CHECK APPROPRIATE REGISTRATION FEE: BEFORE/ON 30TH SEPTEMBER AFTER SEPTEMBER 30

Regular	<input type="checkbox"/> Rs. 3000	<input type="checkbox"/> Rs. 5000/
Students	<input type="checkbox"/> Rs. 1500	<input type="checkbox"/> Rs. 2000/
Foreigners	<input type="checkbox"/> US \$ 100	<input type="checkbox"/> US \$ 150

ATTACH RECEIPT OF REGISTRATION

Account Information:

Account Title. Toqir Anwar Mughal
Account No. PK33 MUCB 0022 3245 1101 1518
Muslim Commercial Bank, Pakistan, Baghbanpura, Lahore

Signed: _____ **Dated:** _____

Email us your filled registration form and payment receipt to:

Email: Paracon2024@uvas.edu.pk