



# 2<sup>nd</sup> World Congress On Manual Therapy

17<sup>th</sup> & 18<sup>th</sup> April, Dhaka, Bangladesh

## Registration Form

Put (v) Mark Where Applicable

Name of The Applicant:  Age:

Male:  Female:

Blood Group:

Staple 2 PP Size  
Photos Here

Write Name Behind  
The Photo

### Category of Registration:

PHYSIOBD Student Member:  PHYSIOBD Professional Member:

General Physio Student:  General Physiotherapy Practitioner:

Other Professionals:  If, Please Specify:

Mailing Address:

Cell Phone Number: +88-

E-Mail ID:

### Will Attend:

Congress:

Pre Congress Course 1:  Pre Congress Course 2:  Post Congress Course 1:  Post Congress Course 2:

**Or, Will Take Package Deal:**  (Pre Course 2 + Congress + 2 In-Congress Workshops + Post Course 2)

### Payments:

Congress Registration Fee:

Pre/Post Congress Fee:

Grand Total:

Payment Slip/DD/Pay Order (or any other Methods) Number:

Date of Payment:  Name & Branch of Bank:

Any method of payment should be in favor of "PHYSIOBD Health Informatics" payable at Dhaka, Bangladesh. Must be send to (Attach with Application Form) Congress Secretariat, PHYSIOBD Health Informatics, House # 1/5 (Ground Floor), Road # 1, Shyamoly, Dhaka-1207, Bangladesh.

Ph: 01912989841, 01920093421, E-Mail: [mail@physiobd.info](mailto:mail@physiobd.info), Web: [www.physiobd.info](http://www.physiobd.info)

Signature of Referrer:  Signature of the Applicant:

Please Note: Photo copy of application form is allowed in case of multiple applications.