

PAGA congress Registration template :

Title	
First name	
Last name	
Initials	
Preferred badge name and surname	
PERSONAL DETAILS	
Passport number	
Email	
Mobile	
Phone (work)	
City	
Country	
MDC number (Ghanaian Doctors)/ country specific health professions council registration number	This important for CME/CPD accreditation
Special dietary requirements	Special dietary requirements for partners/ spouses if attending dinners/cocktails
Accommodation	Single room, double, sharing/no sharing
PAGA member/Non member	
Registration category PAGA members: \$200 Associate members: \$300 Non members: \$400	Glaucoma specialist, general Ophthalmologist, Glaucoma fellow, Resident/Registrar, medical student, exhibitor, sponsor, other
Which days will you attend:	27 June, 28 June, 29 June
Conference tour:	1. Yes/No Option 1: Pre-conference tour (25/26 June 2024) Cape Coast/Safari Valley/ Accra Tours Option 2: Post-conference Tour (30th June, 1st July 2024) Cape Coast/ Safari Valley/Accra Tours
COMPANY/INSTITUTION/HOSPITAL DETAILS	
Company name for invoice	
Billing adress, city, postal/zip code,country	
email of person responsible for payment	
Person responsible for payment	
CONGRESS ACTIVITIES	

Wetlab	
Social functions and events	Will partners/spouses be attending dinners

We need to include cancellation fees if cancelled within a specific period e.g within 30 days of congress commencing