




3rd International Conference and Exhibition on **Physical Medicine & Rehabilitation**

San Antonio, USA **May 18-20, 2015**

Register Now! By Phone: +1-650-268-9744; E-mail: physicalmedicine.conference@omicsonline.net

Operated by- **International Journal of Physical Medicine & Rehabilitation, Journal of Yoga & Physical Therapy
Primary Health Care**

5 Easy ways to Register

-  +1-650-268-9744 (USA)
-  +1-650-618-1414
-  **Toll free:** +1-800-216-6499 (Only for USA & Canada)
+1-800-651-097 (Australia), 0805-080048 (Europe)
-  <http://physicalmedicine.conferenceseries.net>

Group Bookings: Take advantage of group bookings. Discounted prices, special features etc.

Fax your details to +1-650-618-1414 (or)

 Email: physicalmedicine.conference@omicsonline.net
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Please contact us if you need any special pricing!

Items Please tick any one of the following	On/Before August 20, 2014		On/Before October 22, 2014		On May 04, 2015	
	Academia	Business	Academia	Business	Academia	Business
<input type="checkbox"/> Registration Fee	\$ 799	\$ 899	\$ 849	\$ 999	\$ 999	\$ 1099
<input type="checkbox"/> Package A	\$ 1300	\$ 1500	\$ 1400	\$ 1600	\$ 1500	\$ 1700
<input type="checkbox"/> Package B	\$ 1500	\$ 1700	\$ 1600	\$ 1900	\$ 1700	\$ 2000
<input type="checkbox"/> Poster	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100
<input type="checkbox"/> Student Registration	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300
<input type="checkbox"/> Accompanying Person	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200
Exhibition/special request	Contact Organizers at Ph: +1-650-268-9744, Fax: +1-650-618-1414 E-mail: physicalmedicine.conference@omicsonline.net , physicalmedicine.conference@omicsonline.us					All Currency in US Dollars

Yes I/We will attend 3rd International Conference and Exhibition on Physical Medicine & Rehabilitation

Name: Prof/Dr/Mr/Mrs. _____

Department _____

University/Organization _____

E-mail _____ Address _____

Tel _____ Fax _____

Title of your talk _____

_____ Track No _____

Do you require an invitation letter: Yes / No Date: Check In _____ Check Out _____

Abstract submitted: Yes / No

If "No" submit your abstract at <http://physicalmedicine.conferenceseries.net>

PAYMENT INFORMATION

Please Invoice Credit Card

Please Debit my:

Discover MasterCard VISA AMERICAN EXPRESS Others

Card No: _____

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Signature: _____

Credit card billing address: _____

Contact name and number of the card holder: _____

Please note that cards will be debited within 7 days of your registration.

Yes I agree to the terms and conditions as stated on this form.

Delegates who do not pay their bookings are requested to provide a copy of bank transfer/credit card/cheque details to help payment allocation. Staff at the event will request a credit card guarantee for delegates without proof of payment.

*Processing charges: Visa 2%, Master 2%, Others 2%

Venue Details

San Antonio, USA

Operated by:

Editors- International Journal of Physical Medicine & Rehabilitation, Journal of Yoga & Physical Therapy
Primary Health Care

Hosting organization: OMICS Group Conferences

5716 Corsa Ave., Suite 110, West Lake, Los Angeles, CA 91362-7354, USA

Phone: +1-650-268-9744, Fax: +1-650-618-1414

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Only registration includes:

1. Conference Kit
2. Coffee break during the conference
3. Lunch during the conference

Package A: Above 3 features including the following...

4. 3 Nights accommodation (i.e. May 17th, 18th & 19th) of deluxe single/double room at San Antonio, USA.

Package B: Above 4 features including the following...

5. 1 Night extra accommodation i.e. May 20th (total 4 Nights)

Accompanying Person:

1. Entry pass for opening ceremony
2. Coffee break during the conference
3. Lunch during the conference