

## DENTAL PRACTICE ESSENTIALS

### REGISTRATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Designation: \_\_\_\_\_ Qualification: \_\_\_\_\_

Department: \_\_\_\_\_ Organization: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

#### CONFERENCE REGISTRATION FEES - Please tick the appropriate box

	Early Registration (By May 12, 2017)	Standard Registration (After May 12, 2017)	On Conference Day (if slot available)
Student & HO	<input type="checkbox"/> Rs 3500	<input type="checkbox"/> Rs 4000	<input type="checkbox"/> Rs 5000
PGs & Dentist	<input type="checkbox"/> Rs 4000	<input type="checkbox"/> Rs 4500	<input type="checkbox"/> Rs 5000

#### PAYMENT METHOD

Transfer the money online and email the form and receipt

OR

Enclose a Cheque / Pay order/ Bank draft payable to **IADSR**

OR

Contact conference secretariat for IADSR coordinator in your area to submit the forms along with registration fee.

#### Account Details:

Account Title: Institute of Advanced Dental Sciences & Research (IADSR)

Account #: 4001438695

Bank: National Bank of Pakistan

Branch: Shaikh Zayed Hospital Branch

Branch Code: 1707

IBAN: PK03NBPA1707004001438695