27th IES National Conference
20th - 22nd December, 2019
Venue: Maulana Azad Institute of Dental Sciences, New Delhi-110002

REGISTRATION FORM

PLEASE USE BLOCK LETTERS
(Separate form for each delegate. Photocopy is acceptable)

Title: Dr. Prof. Mr. Ms. Mrs.

Delegates Name: ________________________________

Registration Category:
- [ ] Delegate
- [ ] PG Student (with Gala Dinner)
- [ ] PG Student (without Gala Dinner)
- [ ] Workshop No. 1
- [ ] Workshop No. 2
- [ ] Workshop No. 3

IES Membership No. (Optional): ____________________ Designation: ____________________

Specialty: ____________________ Institution/Private Practitioner: ____________________

Address: ________________________________

City: ________________________________ State: ____________________

Country: ________________________________ Pin Code: ____________________

Mobile No.: ________________________________ E-mail: ____________________

I am herewith enclosing a Demand Draft/Multicity Cheque No./Pay Order/Online transaction no. drawn on __________
Bank for ID ____________________ Date: ____________________ Rs. ____________________

Signature

For Students Delegates:

This is to certify that ____________________ is a PG Student in the department of ____________________

Signature of HOD/Principal (with seal)

Kindly Note:

- Students must get this form countersigned from Head of Department / Principal along with the official seal.
- Registration Fee includes – Conference Kit, Entry to Trade Exhibition & Scientific Areas, Lunch, High Tea and Gala Dinner (except for PG Students who have registered without Gala Dinner).
- For payments done via Online Bank Transfer or Direct Bank Deposits: Kindly send a screen shot image / scanned copy of Bank Deposit Slip at maidsconsce@gmail.com
- Filled Registration Form should be sent along with the Cheque/DD to the Conference Secretariat.
- For Abstract Submission, kindly follow the link provided at confirmatory registration email