

Conference Registration ID (For Office use).....



**29<sup>th</sup> National Conference Of  
Indian Academy of Oral Medicine & Radiology**

**1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> December, 2017**

***Theme: "Swach Mukh Swasth Bharat"***



**REGISTRATION FORM**

PLEASE USE BLOCK LETTERS (Separate form for each delegate, to be filled online)

Dr. /Mr. /Ms..... Age / Sex:.....

Post Graduate  Faculty  Designation:.....

Institution.....

Corresponding Address.....

Mobile No.....Email.....

IAOMR Registration No. ....

Accompanying Person (If Yes, Details).....

Accommodation Required (If Yes, Details).....

Affix  
Photograph

**UPLOAD**

.....

Signature

.....

Signature & seal of the HOD

(For PGs only)

## **REGISTRATION FEE**

Category	Till 30 <sup>th</sup> May 2017	Till 15 <sup>th</sup> July 2017	Till 30 <sup>th</sup> September 2017	Till 15 <sup>th</sup> November 2017	On Spot
Faculty	Rs. 6500/-	Rs. 7000/-	Rs. 7500/-	Rs. 8000/-	Rs. 8500/-
Post Graduate Student	Rs.6000/-	Rs.6500/-	Rs.7000/-	Rs.7500/-	Rs.8000/-
Accompanying person	Rs. 4000/-	Rs. 4500/-	Rs. 5000/-	Rs. 5500/-	Rs. 6000/-
Foreign Delegates	\$ 200	\$ 250	\$ 300	\$ 350	\$ 400

**Registration Includes: 3 Breakfast, 3 Lunch, Presidential Dinner, Gala Banquet, Conference Kit & Gift**

### **PAYMENT DETAILS:**

- ✓ **DD/Cheque in favor of A/c: 29<sup>th</sup> NATIONAL CONFERENCE OF IAOMR-2017, payable at New Delhi towards registration.**
- ✓ **A/C No: 24351010000095**
- ✓ **For Online Transaction (NEFT/RTGS): IFSC Code: SYN0002435, MICR Code: 110025351, SYNDICATE BANK. Branch: ITS, Muradnagar.**

**MODE: DRAFT**       **NEFT/RTGS**       **ONLINE PAYMENT**

### **PAYMENT DECLARATION:**

**I am herewith enclosing a Demand Draft/ Multicity Cheque No. / Transaction ID / Online Transaction No.....dated..... drawn on (BankBranch)..... for Rs.(in figures).....(in words)..... in favour of.....Payable at New Delhi.**

**Dated ..... Signature.....**

**E-mail: iaomrcon2017@its.edu.in**