



Indian Dental Association

65th Indian Dental Conference

Mumbai - 9th to 12th February 2012

PRE CONFERENCE COURSE REGISTRATION FORM

Please Fill in Block Letter

Dr / Mr. / Mrs. _____
First Name. Middle Name. Surname.

Accompanying Person _____
First Name. Middle Name. Surname.

Age. _____ Sex - M F Designation. _____

Institution / Private Practice _____

Mailing Address _____

_____ City _____ Pin code _____ State _____

Country _____ Email _____

Tel. City code _____ Res _____ Mobile _____

Delegate Category

IDA Member Non IDA Member Foreign Delegate

IDA Membership NO. _____ Branch. _____

Payment Details (Tick wherever applicable)

Category	Upto 16 th January 2012 (INR)	Category	Upto 16 th January 2012 (INR)
<input type="checkbox"/> PCC 1	<input type="checkbox"/> IDA Member: Rs. 3000/- <input type="checkbox"/> Non Member: Rs. 6000/-	<input type="checkbox"/> PCC 9	<input type="checkbox"/> IDA Member: Rs. 3500/- <input type="checkbox"/> Non Member: Rs. 7000/-
<input type="checkbox"/> PCC 2	<input type="checkbox"/> IDA Member: Rs. 5000/- <input type="checkbox"/> Non Member: Rs. 10000/-	<input type="checkbox"/> PCC 10	<input type="checkbox"/> IDA Member: Rs. 1000/- <input type="checkbox"/> Non Member: Rs. 2000/-
<input type="checkbox"/> PCC 3	<input type="checkbox"/> IDA Member: Rs. 2000/- <input type="checkbox"/> Non Member: Rs. 4000/-	<input type="checkbox"/> PCC 11	<input type="checkbox"/> IDA Member: Rs. 4500/- <input type="checkbox"/> Non Member: Rs. 9000/-
<input type="checkbox"/> PCC 4	<input type="checkbox"/> IDA Member: Rs. 3000/- <input type="checkbox"/> Non Member: Rs. 6000/-	<input type="checkbox"/> PCC 12	<input type="checkbox"/> IDA Member: Rs. 2000/- <input type="checkbox"/> Non Member: Rs. 4000/-
<input type="checkbox"/> PCC 5	<input type="checkbox"/> IDA Member: Rs. 2500/- <input type="checkbox"/> Non Member: Rs. 5000/-	<input type="checkbox"/> PCC 13	<input type="checkbox"/> IDA Member: Rs. 1000/- <input type="checkbox"/> Non Member: Rs. 2000/-
<input type="checkbox"/> PCC 6	<input type="checkbox"/> IDA Member: Rs. 3000/- <input type="checkbox"/> Non Member: Rs. 6000/-	<input type="checkbox"/> PCC 14	<input type="checkbox"/> IDA Member: Rs. 3500/- <input type="checkbox"/> Non Member: Rs. 7000/-
<input type="checkbox"/> PCC 7	<input type="checkbox"/> IDA Member: Rs. 1500/- <input type="checkbox"/> Non Member: Rs. 3000/-	<input type="checkbox"/> PCC 15	<input type="checkbox"/> IDA Member: Rs. 1500/- <input type="checkbox"/> Non Member: Rs. 3000/-
<input type="checkbox"/> PCC 8	<input type="checkbox"/> IDA Member: Rs. 1000/- <input type="checkbox"/> Non Member: Rs. 2000/-	<input type="checkbox"/> PCC 16	<input type="checkbox"/> IDA Member: Rs. 2000/- <input type="checkbox"/> Non Member: Rs. 4000/-

Payment Option 1 - By Demand Draft

DD No. _____ Dated _____ Drawn On _____
_____ For Rs. _____ (Rupees _____
_____) in favor of "IDC 2012" Payable at Mumbai

Payment Option 2

Payment by cheque can also be made at any branch of **BANK OF BARODA** in favor of "IDC 2012"

A/C No.: **04200100022468, BANK OF BARODA, VILE PARLE (WEST), MUMBAI**

Payment Deposited in BOB branch..... Dated..... Amount Rs.

Please attach Photocopy of Pay in Slip (Deposit Slip) with registration form. Please preserve photocopy for your records.

SEND TO : **Dr. Deepak Muchhala**

Vireshwar Ashish, Church road, Next to St. Xavier's High School, Vile Parle West, Mumbai, Maharashtra, Pin - 400056.

Email : 2012idc@gmail.com, www.idc2012.org, Phone : +91 22 26162660 / +91 9969979068.