



5th INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGY

23rd - 25th Sept. 2011
Hotel The Grand, New Delhi



REGISTRATION FORM

Please Type/Fill in Block Letters

Name Prof./Dr./Mr./Ms _____

Address _____

Name of the Institution / Hospital _____

City/State : _____

Telephone : _____

E-mail : _____

AOI Membership No. _____

Accompanying Persons 1. Dr. / Mr. / Mrs. Ms. _____

2. Dr. / Mr. / Mrs. Ms. _____

For office use only	
Receipt No. :	_____
Reg. No. :	_____

Affix
Passport Size
Photograph

Conference Registration Charges	Please Tick	Registration upto 15th August, 2011	Registration after 15th August, 2011
AOI Members with Banquet with Pre-Congress course.	<input type="checkbox"/>	Rs. 6,500/-	Rs. 7,000/-
AOI Members without Banquet with Pre-Congress course.	<input type="checkbox"/>	Rs. 6,000/-	Rs. 6,500/-
AOI Non Members with Banquet with Pre-Congress course.	<input type="checkbox"/>	Rs. 7,000/-	Rs. 7,500/-
AOI Non Members without Banquet with Pre-Congress course.	<input type="checkbox"/>	Rs. 6,500/-	Rs. 7,000/-
AOI Non Members with Banquet with AOI Life Membership with Pre-Congress course	<input type="checkbox"/>	Rs. 7,500/-	Rs. 8,000/-
For PG students without Banquet with Pre-Congress course.	<input type="checkbox"/>	Rs. 4,500/-	Rs. 5,000/-
For Banquet only.	<input type="checkbox"/>	Rs. 3,000/-	

PAYMENT DECLARATION

MODE OF PAYMENT -DD/CHEQUE/CASH

I am here by enclosing a Demand Draft/Cheque No. _____ Date _____ drawn on _____

Bank for Rs. _____ (Rupees _____)

In Favour of Academy of Oral Implantology, payable at New Delhi

Date

Place

Please mail this form duly filled to :

Dr. Ajay Sharma
Organising Secretary
E-105, Preet Vihar, New Delhi-110092 (India)
Mobile : +91-9810061862, 9810061863
Email : drajay@drsmilechanger.com

Signature