



REGISTRATION FORM FAMDENT SHOW 2009

24th To 26th July 2009 Pragati Maidan, Delhi
Pre-Conference Sessions - 23rd July 2009

Photocopy of this form accepted

Please Fill in Block Letters

For Office use only

Receipt No.: _____

Reg. No.: _____

Name: Prof. / Dr. / Mr./ Ms.

Last

First

Middle Initial

Address:

City/State: Pin Code: (Mandatory)

Telephone: Fax:

E-mail: Mobile:

Dentist/ PG Student **Undergrad. Student / Intern** **Already Registered**

PART A (Circle the appropriate amount) IGNORE THIS PART IF ALREADY REGISTERED

Registration Details	16 May - 22 July 2009	Spot
Delegate Without Hospitality	Rs. 1000/-	Rs. 1200/-
Undergraduate Student Delegate Without Hospitality	Rs. 800/-	Rs. 1000/-
Foreign Delegate	USD 45	USD 55

PART B (Tick the appropriate course - Select either 1 Full Day or maximum 2 Half Day courses)

PRE-CONFERENCE / HANDS ON SESSIONS (Optional)

Please tick the course you wish to attend and send / add the amount accordingly. ALL COURSES ON Thurs. 23 July 2009 at Maulana Azad Dental College, New Delhi. For details refer to the brochure.

Course No.	Faculty	Topic	Amount	Time	Tick
1	DR KANIR BHATIA	DIASTEMA CLOSURE	Rs. 750/-	9 am - 1 pm	
2	DR. SAIESHA MISTRY	POST & CORE	Rs. 750/-	2 pm - 6 pm	
3	DR. SUSHIL KOIRALA	PREDICTABLE AESTHETICS WITH DIRECT COSMETIC RESTORATIONS	Rs. 1500/-	2 pm - 5.30 pm	
4	DR. GOPI KRISHNA & DR. VIVEK HEGDE	COMPLETE ENDODONTICS	Rs. 5000/-	9 am - 5:30 pm	
5	DR. SUVARNA NENE	MASTERING IMPLANTS	Rs. 2200/-	9 am - 5:30 pm	
6	DR. DEEPAK MEHTA	COMPOSITE DENTISTRY MADE EASY!	Rs. 750/-	9 am - 1 pm	
7A	DR. RASHID EL ABED & DR. AJAY BAJAJ (LECTURE ONLY)	SUCCESSFUL ENDODONTICS: DO'S AND DON'TS	Rs. 750/-	9 am - 1 pm	
7B	DR. RASHID EL ABED & DR. AJAY BAJAJ (LECTURE + HANDS ON)	SUCCESSFUL ENDODONTICS: DO'S AND DON'TS	Rs. 4250/-	9 am - 5.30 pm	
8	DR. BINA RANI GOEL	SMART ENDODONTICS	Rs. 3900/-	9 am - 3 pm	
9	DR. MILIND KARMARKAR (DEMONSTRATION ONLY)	DIRECT & INDIRECT VENEERS	Rs. 900/-	3 pm - 5 pm	
10	DR. RAJEEV VERMA	PREDICTABLE FIXED PROSTHODONTICS	Rs. 3500/-	9 am - 5.30 pm	
11	DR. A. KUMARSWAMY (PRESENTATION ONLY)	IS PRACTICE THE ONLY WAY TO PERFECTION?	Rs. 900/-	9.30 am - 1 pm	

please turn over...

PAYMENT DECLARATION

(Tick the applicable box)

CHEQUE /DRAFT DETAILS

I am herewith enclosing a Cheque/Demand Draft No.....dated.....drawn on.....

..... Bank.....

(Branch) for Rs.....(Rupees.....) in favour of
FAMDENT SHOW 2009, payable at Mumbai.

After 15th June 2009, no Cheque - only DD accepted.

DIRECT DEPOSIT

Payment can also be made at any branch of ICICI Bank, A/c Name: **FAMDENT** A/c No. **026305000519**

Deposited in - ICICI Branch.....Date of DepositAmount Rs.....

3. Please preserve a photocopy of this form for your records

4. For outstation cheque please add Rs. 50/- only

- **FOR ICICI BANK DEPOSITS, PLEASE SEND A COPY OF THE BANK REMITTANCE ALONG WITH THE REGISTRATION FORM**

NOMINATE A LAB TECHNICIAN/PERSONNEL (You may nominate one of your lab persons to attend the Lab Modules)

NAME:..... CONTACT NO. (LANDLINE/MOBILE):.....

NAME OF LAB:.....

Terms & conditions

• Delegate Registration Fee includes Scientific Sessions, Free Entry to Trade Exhibition, Tea/Coffee, Gift/ Vouchers.

DOES NOT INCLUDE ANY PRE-CONFERENCE / HANDS-ON SESSIONS.

• All participants for the Pre-Conference / Hands-On Sessions MUST BE registered as delegates to the **FAMDENT SHOW 2009**

• 3 Scientific Sessions will be in progress simultaneously. You have to pick & choose your preferred session to attend.

• Limited space is available in Pre-Conference sessions. Strictly First-Come-First-Serve.

• For assistance in accommodation, you may contact Ms. Roopa Shah at the **FAMDENT office**. All kinds of accommodation ranging from budget to 5 star can be arranged.

• No refund on cancellations

• All disputes are subject to Mumbai, India jurisdiction only

• No refund if event is postponed / cancelled due to reasons beyond the organisers' control viz. acts of God, Riots, Strikes, etc.

• Programme is tentative & subject to change without notice.

I CONFIRM THAT I HAVE READ THE TERMS & CONDITIONS & AGREE TO ABIDE BY THE SAME

Date :

Place :

Signature :

Please mail this registration form duly filled to FAMDENT at the following address.



7/102, Sapphire Court, Azad Nagar, Behind Apna Bazar,

J. P. Road, Andheri (W), Mumbai - 400 053, India

Tel.: +91 6504 9697, 2674 4509 / 3641, 2673 2260 Telefax: +91 22 2674 2425

Mobile : +91 98672 84470 / 99877 24400 / 98679 25511 / 98195 13469

E-mail : famdentresponse@gmail.com Website : www.famdent.com