



REGISTRATION FORM FAMDENT SHOW 2009

2nd - 4th Oct. 2009
World Trade Centre, Mumbai

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

(Circle the appropriate amount)

	16 th Aug – 15 th Sept. 2009		16 th September onwards		Spot
	With Hands On	Without Hands on	With Hands On	Without Hands on	Without Hands on
Dentist / PG Student	Rs. 1700/-	Rs. 900/-	Rs. 1900/-	Rs. 1100/-	Rs. 1200/-
Undergraduate Student / Intern	Rs. 1500/-	Rs. 700/-	Rs. 1700/-	Rs. 900/-	Rs. 1000/-
International	USD 80	USD 40	USD 90	USD 50	USD 60

Registration with Hands On

Registration without Hands On **(Tick appropriate box)**

WORKSHOPS / HANDS ON SESSIONS

If Registering with Hands On, please tick 3 choices of courses (from Course 1 to 8) you wish to attend.
For additional courses add Rs. 1000/- per course.

Course No.	Faculty	Topic	Tick
1	DR. RAJEEV VERMA	PROSTHODONTICS - COLTENE WHALEDENT	
2	DR. ANAND KRISHNAMURTHY / DR. TEJAS KOTHARI	IMPLANTOLOGY - UNITI	
3	DR. PORUS TURNER	AESTHETIC DENTISTRY - DENTSPLY	
4	DR. AJAY BAJAJ	ENDODONTICS - HERO SHAPERS	
5	DR. MONA KAKAR / DR. BEENA RANI GOEL	SMART ENDODONTICS - DISCUS DENTAL	
6	DR. SAIESHA MISTRY	POST & CORE - DENTAL AVENUE	
7	DR. AQEEL RESHAMVALA	IMPRESSIONING & TEMPORISATION - GC	
8	DR. MILIND KARMARKAR / DR. RUMPA WIG	DIRECT/INDIRECT VENEERS - COSMEDENT	
9*	DR. P.D. JOSHI (FEE RS. 4500/- GOODS WORTH RS. 5000/- FREE)	ENDODONTICS - PROTAPER, DENTSPLY (THIS IS A SEPERATE PAID HALF DAY COURSE)	

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 10th Sept. 2009, no Cheque - only DD accepted.

DIRECT DEPOSIT

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

Deposited in - ICICI Branch.....Date of Deposit

Amount 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

Terms & conditions

- Delegate Registration Fee with hands on
 - Includes One hands on session
 - Includes Scientific Sessions, Tea/Coffee
 - Free entry to Trade Exhibition.
- Delegate Registration Fee without hands on
 - Includes Scientific Sessions, Tea/Coffee
 - Free entry to Trade Exhibition.
 - DOES NOT INCLUDE ANY HANDS-ON SESSIONS.
- Course No. 9* is a stand alone Half Day Course to be repeated 5 times. Please do not put this in your list of preferences. If you wish to attend only Course No. 9, you have to pay the regular delegate fee (without Hands On) + Rs. 4500/-.
- 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
- 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