

4th International Congress Of Oral Implantology

21st -23rd May 2010
Hotel Lalit, New Delhi



Academy of
Oral Implantology

MEMBERSHIP FORM

Membership No. (To be filled in by the office)

Name (Dr./ Mr./Ms.)

Date of Birth: DD MM YY Place of Birth: City _____ State _____

Address: Office _____

Residence _____

(Preferred address for correspondence Off Res)

Name of Institution/Hospital _____

Telephone: Off. Res.

Mobile Fax: E-mail: _____

QUALIFICATIONS (Enclose Proof)

BDS Year Collage/University _____

MDS Year Collage/University _____

Implant Courses attended _____

Dental council Registration No. _____ State _____

Any Other Information: _____

STUDENT/PG REGISTRATION MANDATORY DECLARATION

I certify that _____ is a full time dental student

Institute _____

Principal/Dean
(Official Stamp)

REGISTRATION FEES

Life Member Rs. 3500/-

Int. Member US\$ 250

(Membership fees subject to change)

METHOD OF PAYMENT

Cash/Cheques (for Delhi only) or drafts payable at New Delhi in favour of "Academy of Oral Impantology"

Draft/Cheque No. Dated _____ Bank _____ City _____

I promise to abide by the rules and regulations of AOI.

Sincerely Yours

Signature

Dr. Ajay Sharma
Hon. General Secretary
Academy Of Oral Implantology

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New Delhi 110092
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E-mail: drajay@drsmilechanger.com

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