

# 3rd International Congress of Oral Implantology

Date : 17<sup>th</sup> to 19<sup>th</sup> October 2008  
Venue : Sheraton Hotel, Saket, New Delhi



Please Type/ Fill in Block Letters

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

Address.....

City / State..... Postal Code: .....

Telephone: ..... Fax: .....

E-mail:..... Mobile: .....

AOI Membersip No.: .....

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

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

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Conference registration charges:	Registration upto 15 <sup>th</sup> of Aug. 2008	Registration after 15 <sup>th</sup> of Aug. 2008
AOI members with banquet with pre-congress course.	Rs. 5,000/-	Rs. 5,500/-
AOI members without banquet with pre-congress course.	Rs. 4,500/-	Rs. 4,500/-
AOI non members with banquet with pre-congress course.	Rs. 5,500/-	Rs. 6,000/-
AOI non members without banquet with pre-congress course.	Rs. 5,000/-	Rs. 5,500/-
AOI non members with banquet with AOI life membership with pre-congress course.	Rs. 6,000/-	Rs. 6,500/-
For PG students without banquet with pre-congress course.	Rs. 3,500/-	Rs. 4,000/-
For banquet only.	Rs. 3,000/-	

## PAYMENT DECLARATION

MODE OF PAYMENT - DD/CHEQUE/CASH

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

Bank for Rs. .... (Rupees.....)

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

Date: .....

Place: .....

Signature

Please mail this form duly filled to:

**Dr. Ajay Sharma**

**Organising Secretary**

E-105, Preet Vihar, New Delhi-110092 (India)

Mob.: 9810061863, 9212289133

E-mail: info@aoi-india.org

REGISTRATION FORM