<b>27</b> "IES National Conference	Indian Endodontic Society
20 <sup>th</sup> - 22 <sup>nd</sup> December, 2019	
Venue: Maulana Azad Institute of Dental Sciences, New Delhi-:	110002
<b>REGISTRATION FORM</b>	
PLEASE USE BLOCK LETTERS     (Separate form for each delegate. Photocopy is acceptable)     Title :   Dr.     Prof.   Mr.     Ms.   Mrs.     Delegates Name:   PG Student (with Gala Dinner)     Registration   PG Student (without Gala Dinner)     Vorkshop No. 1	Affix recent passport sized photograph 45 x 35mm
Category : Workshop No. 2 Workshop No. 3	
IES Membership No.:Designation :	
Specialty : Institution/Private Practitioner :	
Address :	
City : State :	
Country : Pin Code :	
Mobile No.: E-mail :	
I am herewith enclosing a Demand Draft/Multicity Cheque No./Pay Order/Online transaction no.	
Bank for ID Date: Rs	Signature
For Students Delegates :	e.gatare
This is to certify that is a PG Studer	nt in the department of

## Kindly Note :

## Signature of HOD/Principal (with seal)

- Students must get this form countersigned from Head of Department / Principal along with the official seal.
- Registration Fee includes Conference Kit, Entry to Trade Exhibition & Scientific Areas, Lunch, High Tea and Gala Dinner (except for PG Students who have registered without Gala Dinner).
- For payments done via Online Bank Transfer or Direct Bank Deposits: Kindly send a screen shot image / scanned copy of Bank Deposit Slip at maidsconscde@gmail.com
- Filled Registration Form should be sent along with the Cheque /DD to the Conference Secretariat.

## **BANK DETAILS**

## • Name of Bank : Syndicate Bank

• Address : MAMC Complex, Bahadur Shah Zafar Marg, New Delhi 110002 (India)

Name of Account : IES National Conference 2019 
Account No.: 90682010136993 
IFSC Code : SYNB0009068