



Dental Practitioner's  
Forum of India



South Asian Academy of  
Aesthetic Dentistry



**ida**  
INDIAN DENTAL ASSOCIATION  
NORTH DELHI BRANCH

**Dentistry Vision**  
**2010**

Hotel The Lalit **New Delhi**  
**10,11,12 Sep 2010**

## REGISTRATION FORM

### A. DELEGATE INFORMATION (Please write in capital letters)

Affix your  
Photograph  
here

**Personal Information**

Title  Dr.  Prof.  Mr.  Ms.  Mrs.

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Tel. \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Courses \_\_\_\_\_

Designation \_\_\_\_\_

Organization \_\_\_\_\_

DPMI Membership No.

\_\_\_\_\_

**Mailing Address**

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City / State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

### B. REGISTRATION FEES

Registration Categories	Upto 30 <sup>th</sup> Aug 2010	Spot Registration
Members	4250 INR	5000 INR
Non-Members	5000 INR	6000 INR
International Delegates	108 USD	130 USD
Delegate Only	2500 INR	

  

Select Hands On*			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Rs. 4250	Rs. 4250	Rs. 1500	Rs. 2500
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Rs. 2500	Rs. 2500	Rs. 1500	Rs. 1500
9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Rs. 2500	Rs. 1500	Rs. 1500	Rs. 2500
13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
Rs. 2500	Rs. 2500	Rs. 2500	Rs. 1500
			17 <input type="checkbox"/>
			Rs. 1500

\*View catalogue for details

DPMI Membership			
New Membership	Entry fee	Subscription	Total
Annual	300 /-	500 /-	800 /-
Life	300 /-	2000 /-	6300 /-
5 Years	300 /-	2000 /-	2300 /-

### C. PAYMENT

**Cheque / Demand Draft**  
(in favor of Dentistry vision 2010 payable at New Delhi)

Cheque / Demand Draft No. \_\_\_\_\_

Dated \_\_\_\_\_

Amount \_\_\_\_\_

Drawn on Bank \_\_\_\_\_

**Cancellation Policy**

- \* Refund will be provided against written notification and original registration receipt.
- \* Half refund will be done if applied for cancellation on or before 30th July 2010.
- \* Applying for cancellation after 30th July 2010, will not be considered for refund

**For office use only**

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Receipt No. \_\_\_\_\_

Registration No. \_\_\_\_\_

**Signature:**

**Note: Please visit <http://dpfi.net/> to download Paper Presentation form**

Send duly filled form at below mentioned address to:

Dr. Vikas Aggarwal

Organizing Secretary, DENTISTRY VISION 2010,

GLOBAL CENTRE OF DENTAL EXCELLENCE, 708 D-Mall, Netaji Subhash Place, Pitampura, New Delhi-34

Ph: +91 1127316808, +91 9711191331 +91 1147135566