



34th IACDE NATIONAL CONFERENCE

29th November - 1st December 2019
CIDCO Exhibition Centre Navi Mumbai



"AESTHETIC, CONSERVATIVE AND ENDODONTIC FRONTS"

Registration Form

Registration Information (Please write in capitals only)

Date: _____

*Name: _____

Age: _____ * Gender: M F * Food Preference: Veg Non -Veg

*Hospital/Organization: _____

Designation: _____

*Address: _____

*State: _____ *Pin Code: _____

*Mobile No.: _____ * E-mail ID: _____

*IACDE Membership No.: _____ Dental Council No.: _____

*Registration Type: Delegate Student International Delegate

Accompanying Person: 1. Name: _____

2. Name: _____

*Mode of Payment: DD NEFT Cheque Other

*Amount: _____ *Bank: _____ * Date: _____

*Transaction No.: _____

Signature

Registration Fees:

Category	Early bird Till 24 th March 2019	First Price Change 25 th March 2019 - May 2019	June 2019 - August 2019	Regular	Spot Registration
Students (Includes Banquet)	Rs. 10,620	Rs. 11,210	Rs. 11,800	Rs. 12,980	Rs. 14,160
Delegates (Includes Banquet)	Rs. 12,980	Rs. 13,570	Rs. 14,160	Rs. 15,340	Rs. 16,520
International Delegates (Includes Banquet)	\$ 400				\$ 500
Accompanying Person(Above 8 Year)	Rs. 7,000				
Banquet (For Accompanying Person)	Rs. 3,500				

Bank Account Details

Bank Name: Axis Bank Ltd

Branch: Kharghar Sector 12

Account Name: 34th IACDE National Conference

Account Type: Saving Account

Account Number: 918010071699908

IFSC Code: UTIB0003526

Registration Cancellation Policy

1. In unforeseen condition any cancellation shall be refunded 65% after the conference.
2. Original receipt of the register & the intimation with to be mailed before 31st August. No Refund after that shall be entertained.