

# 2<sup>nd</sup> International Digital Dental Conference

## REGISTRATION FORM

Receipt No:  IDD Conf No:

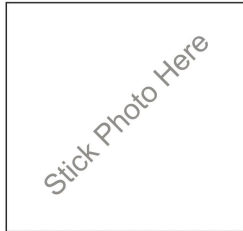
Name: ..... Age: ..... M / F

Address: .....

City: ..... State/Country: ..... Pincode: .....

College: ..... Designation: .....

\*Mobile No. .... \*Email .....



\* E-Receipt will be sent to your Mobile & Email

Registration Details	Delegate(INR)	Student(INR)
Registration (Up to 31 <sup>st</sup> July)	₹ 3500*	₹ 3500*
August 1 <sup>st</sup> onwards	₹ 4000*	₹ 4000*
Spot Registration	₹ 4500*	₹ 4500*
Registration + PCC (upto July 15th, limited to 200 Seats)	₹ 6000*	₹ 6000*
Registration + Fellowship	₹ 25000*	₹ 25000*

Account Name : Digital Dental Society  
 Account No.: 90092010229610  
 IFSC Code: SYNB 000 9009  
 Pan No: AABAH1218F  
 Bank: Syndicate Bank  
 Branch: RK Puram New Delhi

Register online: [www.digitaldental.in](http://www.digitaldental.in) cheque / DD in the favour of Digital Dental society.

### PAYMENT DETAILS

Mode of Payment: ..... Date of Payment: ..... Amount: .....

Please attach bank payment voucher along with this application and send to following address

Dr. Akshay Bhargava

Dentceram Dental Laboratory, Plot No.285, pkt-1, Sector - 23, DDA Colony, Dwaraka - 110075

[www.digitaldental.in](http://www.digitaldental.in) | E: [digitaldental9999@gmail.com](mailto:digitaldental9999@gmail.com), [iddcorgsec@gmail.com](mailto:iddcorgsec@gmail.com)



### COUNTERFOIL

Mode of Payment: ..... Date of Payment: ..... Amount: .....

Received by: .....

For more details visit our website  
[www.digitaldental.in](http://www.digitaldental.in)