

REGISTRATION FORM

INDIAN PROSTHODONTIC SOCIETY, BANGALORE BRANCH in association with
INDIAN PROSTHODONTIC SOCIETY, KARNATAKA BRANCH and
D.A. PANDU MEMORIAL R.V. DENTAL COLLEGE & HOSPITAL, BANGALORE
is conducting a conference on

TRENDS IN PROSTHODONTICS WITH MASTER CLASS

Venue: D A Pandu Memorial R V Dental College & Hospital | **Date:** 2nd - 4th February, 2018

Rs 1000/- including GST for delegates attending only Day 1 of the conference

Rs 2000/- including GST for delegates attending all the three days of the conference

To be filled in capital letters,

Name: Dr.

College:

Address:

City: State: Pin:

Telephone: E-mail:

State Dental Council Reg. No.:

Demand Draft (DD) No.

Date: Bank:

DD Drawn in favour of Indian Prosthodontic society Bangalore branch

Payable at Vijaya Bank Koramangala Bengaluru

Signature

MAIL ADDRESS:

Dr Shilpa Shetty
Secretary IPS Bangalore branch
Cosmetic Dental Clinic, 208, 17th E Main,
5th Block, Koramangala Bangalore 560095

NEFT / ONLINE TRANSFER TO:

Indian Prosthodontic society Bangalore branch
Account no 139401011005806
IFSC code VIJB0001394
Vijaya Bank, Koramangala branch, Bangalore