

4th Annual UP AOMSI Conference

Date- 08 Dec 2018

Venue- K N Udupa Auditorium, Banaras Hindu University, Varanasi

Registration Form

Name in Capital Letters - _____	Please attach Recent Passport size photograph
Designation - _____	
Institute - _____	
Address - _____	

City/ State - _____ PIN CODE _____	
Mobile _____ UPAOMSI Reg no _____	
Email- _____	
Category (Delegate/PG) - _____ Accompanying Person- _____	

Registration Details -

Category	Till 15 Sep 2018	Till 31 Oct 2018	On spot
PG Trainee Member-UPAOMSI	1000 INR	1500 INR	2000 INR
PG Trainee non-member	1500 INR	2000 INR	2500 INR
Delegates Member- UPAOMSI	2000 INR	2500 INR	3000 INR
Delegates (Non-member)	2500 INR	3000 INR	3500 INR
Accompanying Person	1000	1000	1000

Payment Mode -- Demand Draft/ NEFT/IMPS Transfer

Account name - 4th UP AOMSI CONFERENCE Varanasi

Account number - 50200030212784

Branch Name - HDFC Bank Trauma Centre BHU

Branch IFSC Code - HDFC0003945

** Registration charges include registration kit, Breakfast and lunch. Delegates/ PG Trainees have to manage the stay on their own.

Please mail the completed form (hard copy) to the conference secretariat -

Dr Neeraj Kumar Dhiman

Organising Secretary (4th UPAOMSI CONFERENCE)

Department of Oral & Maxillofacial Surgery

Faculty of Dental Sciences

IMS, BHU, Varanasi, UP – 221005

Email: drnkdhiman@yahoo.co.in

Mob: 94157 66325, 8576-030606

Also mail the soft copy to – 4upaomsiconvns@gmail.com.

Scientific presentation (Format) –

Name of the Presenter - _____

Institute -- _____

Conference Registration ID - _____

Topic of paper –

Category (Original article/review/case report) - _____

Type of presentation – Oral / Poster

Abstract in 250 words.

Last date of Abstract submission is 31 Oct 2018.

Kindly mail your abstract to 4upaomsiconvns@gmail.com

*PG. student should attach bonafide certificate