

DELEGATE REGISTRATION FORM

Name : Dr./Mr./Mrs./.....

Address :

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Clinic :.....

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Phone : Mobile :

Email :

Food Preference : Veg / Non veg

DD No. :

Signature

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Lunch & Tea will be served. Practical Book, Study materials and Endodontic instruments will be provided at venue. Participants are requested to bring hand pieces and extracted set of teeth.

For stay and enquiry

Contact : Hotel Swarga Residency, Vadavalli, Coimbatore. Tel 2426655