

# Registration Form

20th National Dental Conference  
Organized by Pakistan Dental Association

For Office Use Only

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PMDC # 

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CNIC # 

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Prof. / Dr. / Mr. / Ms. \_\_\_\_\_

Title / Position \_\_\_\_\_ Speciality \_\_\_\_\_

Institution / Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_



### Passport Details (foreigners only)

Number \_\_\_\_\_ Nationality \_\_\_\_\_ Expiry \_\_\_\_\_

Tel Off. / Clinic \_\_\_\_\_ Mobile / Cell Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Accommodation required  Yes  No *If yes, please contact Conference Secretariat for arrangement.*

Accompanying person / spouse (non dentist) Mr. / Mrs. \_\_\_\_\_

### Registration Fee

	Up till 1 <sup>st</sup> Dec.	After 1 <sup>st</sup> Dec.
Member PDA	Rs. 3000	Rs. 3500
House Surgeon	Rs. 2500	***
Students (3 <sup>rd</sup> or Last Year)	Rs. 2000	***
Spouse	Rs. 2000	Rs. 2500
Dental Auxiliary / Technician	Rs. 3000	Rs. 3500
Medical Delegate	Rs. 3000	Rs. 800
Foreign Delegate	US\$ 130	US \$ 150

<b>DENTAL STUDENT'S DECLARATION</b> <i>(for Sr. Final Year Students ONLY):</i> I verify that this student at present is in the Senior final year class.  Signature of Dean / Head of the Department  Official Stamp
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To be filled and sent with Bank Draft or Pay Order (No Personal Cheque) in favour of:

**Pakistan Dental Association - Conference Secretariat:**  
**31-A, Block C-III, Ali Zeb Road, Gulberg III, Lahore.**  
**Phone: +92 (42) 587 1608, 575 8085**  
**Email: president@pda.org.pk**

Applicant's Signature \_\_\_\_\_

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Received with thanks from Prof. / Dr. / Mr. / Ms. \_\_\_\_\_

The sum of Rs. / US\$ \_\_\_\_\_ on account of Congress Registration.

Date: \_\_\_\_\_ Secretary Registration Committee \_\_\_\_\_