



**35th IACDE National Conference
&
21st IACDE National PG Convention 2020**

KLE Vishwanath Katti Institute of Dental Sciences

KAHER | Belagavi

KLE Centenary Convention Center, JNMC Campus, Belagavi



Registration Form

Registration Information (Please write in capitals only)

Date: _____

*Name: _____

Age: _____ * Gender: M F * Food Preference: Veg Non-Veg

*Hospital/Organization: _____

Designation: _____

*Address: _____

*State: _____ *Pin Code: _____

*Mobile No.: _____ * E-mail ID: _____

*IACDE Membership No.: _____ Dental Council No.: _____

*Registration Type: Delegate Student

Accompanying Person: 1. Name: _____

2. Name: _____

*Mode of Payment: NEFT DD OTHER

*Amount: _____ *Bank: _____ *Date: _____

*Transaction No.: _____

Signature

Registration Fees:

Category	Registration Fees
Students	Rs. 8,500/-
Delegates	Rs. 9,500/-
Accompanying Person (Above 8 Years)	Rs. 7,000/-

Bank Account Details

Account Name: 21st IACDE National PG Convention

Account Type: Saving Account

Account Number: 05042250017749

Bank Name: Syndicate Bank

Branch & Code: Nehru Nagar, Belagavi & 0504

IFSC Code: SYNB0000504

Kindly Note

1. Registration Fees Includes 18% GST
2. For a group of 10 or above students - 10% discount will be provided on Registration fees.
3. Registration Fee Includes – Convention Kit, Entry to Trade Exhibition & Scientific Areas, Lunch, High Tea and one Gala Dinner.

Registration Cancellation Policy

- 1) Refund requests must be made via email to the convention Secretariat.
- 2) Refund will be paid after the conference concludes.
- 3) If any cancellation write to : nationalpgconventionkle@gmail.com.