4th INDIAN PROSTHODONTIC SOCIETY KERALA STATE CONFERENCE

Hotel Woodies Bleisure, Kozhikode
18th & 19th April 2020

REGISTRATION FORM

NAME	
MOBILE NO.	
E-MAIL ID	
REGISTRATION CATEGORY	☐ **Delegate** ☐ **Student** ☐ **Accompanying Person**
DESIGNATION	
GENDER	
DATE OF BIRTH	
COLLEGE	
ADDRESS	
IPS REG. NO.	
PRESENTATION	☐ **Paper** ☐ **Poster**
FOOD PREFERENCE	☐ **Veg** ☐ **Non Veg**
MODE OF PAYMENT	☐ **Cash** ☐ **Online**
AMOUNT TRANSFERRED	
TRANSACTION NO.	
DATE	
SIGNATURE	

Terms and Conditions:

- Separate registration forms are mandatory for Accompanying person / Spouse / Children.
- Scan and mail the completely filled registration form to ipskcon2020@gmail.com / whatsapp to +919496337652 (Dr Hareesh M T)