



**INTERNATIONAL ORO-FACIAL PAIN RESEARCH GROUP**

**ORO-FACIAL PAIN: A DIAGNOSTIC ENIGMA**

**On 19<sup>th</sup> February 2012**



**REGISTRATION FORM** (Please fill this form in block letters)

DR  PG  INTERN  UG

Mr/Ms/Mrs .....  
(First name) (Middle name) (Last name)

AGE:..... SEX:..... DESIGNATION:.....

NAME OF INSTITUTION:.....

MAILING ADDRESS:.....

PHONE NO: RES.....CLINIC:.....

MOBILE NO:..... E MAIL:.....

**REGISTRATION CHARGES:**

INTERNS/ UG STUDENTS	DOCTORS /PG STUDENTS	SPOT REGISTRATION
Rs.300	Rs.400	Rs.500

**PAYMENT DETAILS:**

**OPTION 1: BY CASH**

**OPTION 2: BY DEMAND DRAFT / CHEQUE**

DD/ Cheque No:.....Dated:.....

Drawn on..... Bank

For Rs:..... Rupee(in words).....]

In favour of "IOPRG- Ahmedabad" Payable at Gandhinagar, Gujarat.

[Outstation Cheques Add Rs. 25]

**OPTION 3: Direct Deposit / Electronic Transfer into Corporation Bank in**

**Acc. No. 136300101000365, and IFSC CODE: CORP0001363**

**FOR PG PRESENTATIONS:**

NAME OF PG STUDENT:.....

NAME OF INSTITUTE:.....

TOPIC OF PRESENTATION:.....

PG GUIDE NAME & SIGNATURE:.....

**MAILING ADDRESS:**

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