



# INTEGRATE 2019



## REGISTRATION FORM

06<sup>th</sup> & 07<sup>th</sup> July 2019

Potheri, Chennai

srmispintegrate19@gmail.com

+91-98841 33345

### PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ Age / Sex: \_\_\_\_\_  
\*(As required on Certificate)

ISP Member :- Life Member [ ] Student Member [ ]  
\*(Please tick as appropriate)

ISP Membership No: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Food Preference:** Vegetarian [ ] | Non-Vegetarian [ ]

### PAYMENT DETAILS:

Last Day of Registration: 15<sup>th</sup> June 2019

| Participation  | Before | Spot Reg. |
|----------------|--------|-----------|
| PG Student     | ₹ 1200 | ₹ 1500    |
| Faculty Member | ₹ 1500 | ₹ 1700    |

### Online Payment (NEFT / IMPS) Detail:

Account Number: **500101011757559**

Account Name: **Indian Society of Periodontology Chennai Study Group**

Bank/Branch: **City Union Bank, Ramapuram Branch**

IFS Code: **CIUB0000517**

(Scan the filled forms and email to **srmispintegrate19@gmail.com** along with the transaction details.)

### Note:

For further queries, please contact **Dr. S. Raja Rajeswari - 98841 33345, Dr. Padmaja - 96295 77896.**

Money will not be refunded on cancellations.

By sending this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee.

Also, I have taken notice of the cancellation terms on this form.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

### ORGANIZED BY:

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