

# XIII INTERNATIONAL CONGRESS OF ACADEMY OF ORAL IMPLANTOLOGY

23rd to 25th August 2024

The Centrum

Pocket 7, Sector C, Golf City, Lucknow -226030 Uttar Pradesh, India

Please Type / Fill in Block Letters

Name Prof./Dr./Mr./Ms: Dr Nathanial Feil

Address: 35593 Satterfield Expressway

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Name of the Institution / Hospital : Hospital Dessie Goldner

City / State : Charleston South Dakota

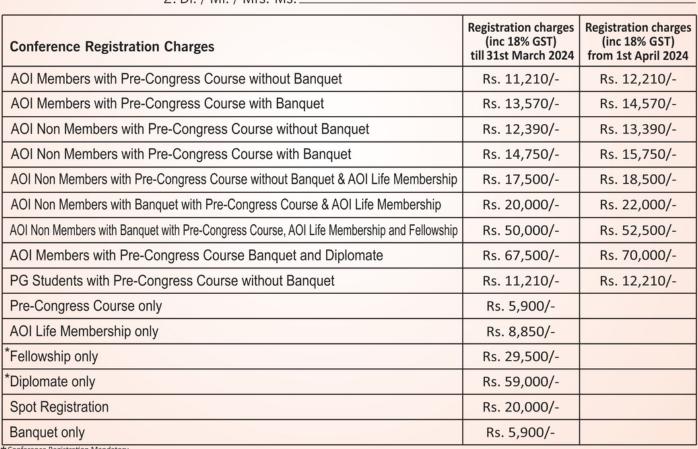
Mobile: 498

E-mail: your.email+fakedata30169@gmail.com

AOI Membership No.: 335

Accompanying Persons: 1. Dr. / Mr. / Mrs. Ms. Dr Farrell LLC

2. Dr. / Mr. / Mrs. Ms. Dr O'Conner and Sons



Conference Registration Mandatory

## **PAYMENT MODE**

DD/CHEQUE/CASH/NEFT in favour of

## **Academy of Oral Implantology**

#### **Bank Details:**

ACADEMY OF ORAL IMPLANTOLOGY NAME :

BANK : CENTRAL BANK OF INDIA

CURRENT A/C NO.: 5553101297 IFSC CODE NO.: CBIN0283717

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PAN: AADTA436B

Please mail this form duly filled to:

## Dr. M. Shahique

### XIII International Congress of Academy of Oral Implantology

Treat Dental Centre G-28 Manas Complex, Kursi Road,

Aliganj, Lucknow, UP 226024 India. Phone No. +91-9415321375, 9415072639

In Favour of Academy of Oral Implantology, payable at Lucknow.

DD/CHEQUE/CASH/NEFT (for Lucknowonly) or drafts payable at

Lucknow in favour of "Academy of Oral Implantology" 2023-10-19

Academy of Oral **Implantology** Scan QR Code



METHOD OF PAYMENT

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