



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**

Vena Lynch

DIPLOMATE REGISTRATION FORM

PERSONAL DETAILS (As on Diplomat Certificate)

Ms

Please Type / Fill in Block Letters

1101 Cummings Tunnel

Hospital

Name Prof./Dr./Mr./Ms : Mellie Feeney

Address : Tempe
your.email+fakedata10390@gmail.com

Name of the Institution / Hospital : 443 South Dakota

City / State : 324

Mobile :

E-mail :

AOI Membership No. :

AOI Diplomat ☐ Rs. 50,000/- (+18% GST)

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DD/CHEQUE/CASH/NEFT in favour of
Academy of Oral Implantology

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NAME : ACADEMY OF ORAL IMPLANTOLOGY
BANK : CENTRAL BANK OF INDIA
CURRENT A/C NO. : 5553101297
IFSC CODE NO. : CBIN0283717
BRANCH : ST. FIDELIS COLLEGE, LUCKNOW-226022
PAN : AADTA436B

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**In Favour of Academy of Oral Implantology,
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Implantology

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Please mail this form duly filled to :

Dr. M. Shahique

Conference Secretary

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

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