

Micro (Screw) Implant Anchorage (One Day Hands-on Course)

REGISTRATION FORM

Name:

Address:

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Tel.: Mobile:

Email: IOS Membership No.:

PAYMENT DETAILS:

Cheque / DD No.: Dated:

Drawn on: Bank

Please send the duly filled in form along with payment to:

Dentos India Pvt. Ltd.

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Tel.: 42505100 / 26421688 Fax: 42505101 Web: www.dentosindia.com