



3RD ASIAN MAXILLOFACIAL TRAINEES CONFERENCE



10th - 12th November, 2017 @ Hotel Taj Samudra, Colombo, Sri Lanka

REGISTRATION FORM

Participants are advised to read the registration information before completing the Registration Form. Please complete and return the form (with appropriate payment) to:

Secretary,

Sri Lanka Association of Oral & Maxillofacial Surgeons,
C/O Sri Lanka Dental Association,
275/75, Buddhhaloka Mawatha,
Colombo 7, Sri Lanka.

+94 77 7774764

+94 11 2595147

slaoms2017@gmail.com

suresh1965@hotmail.com

A separate registration form must be used for each participant other than accompanying person.

PARTICIPANT

Title (please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Last Name:			First Name:		
Institution:			Department:		
Address:					
Postal Code:			Country/Region:		
Telephone:			Fax:		
E-mail:					

ACCOMPANYING PERSON (S)

Title (please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Last Name:			First Name:		
Title (please <input type="checkbox"/>)	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Last Name:			First Name:		

REGISTRATION (please <input checked="" type="checkbox"/> where appropriate)	On or Before 10 th October, 2017	On-site Registration
Local Trainees	<input type="checkbox"/> LKR 15,000/-	<input type="checkbox"/> LKR 25,000/-
SLAOMS Members	<input type="checkbox"/> LKR 20,000/-	<input type="checkbox"/> LKR 30,000/-
Foreign Trainees	<input type="checkbox"/> USD 175/-	<input type="checkbox"/> USD 250/-
Surgeons	<input type="checkbox"/> USD 200/-	<input type="checkbox"/> USD 300/-
Trade & Industry Representative	<input type="checkbox"/> US\$ 150/-	<input type="checkbox"/> US\$ 200/-
Accompanying Person	<input type="checkbox"/> US\$ 150/-	<input type="checkbox"/> US\$ 200/-

Sub-total (A) :

STUDENT CERTIFICATION

I Certify that _____ is a full time dental student.
Name of Institution : _____ Head of Department _____
Authorized Signature : _____ Official Stamp : _____ Date : _____



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SOCIAL PROGRAM

Opening Ceremony - 10 th Nov. 2017	() Ticket (s) X Complimentary*	—
Welcome Reception - 10 th Nov. 2017	() Ticket (s) X Complimentary*	—
Sri Lankan Night - 11 th Nov. 2017	() Ticket (s) X US\$ 60	

- * Complimentary to all registered congress participants.
 ** Final arrangements are subject to weather conditions and/or whether the minimum quota can be met. Advance notice of changes will be given.

Sub-total (B) :

Grand Total (A+B) :

PAYMENT DECLARATION

(please where appropriate)

❖ Bank Transfer

For the total amount of US\$ payable to

"Sri Lanka Association of Oral & Maxillofacial Surgeons (SLAOMS)" (Name of Bank: SAMPATH BANK PLC, Dharmapala Mawatha, Colombo 7, Bank Account number: 0175 6000 0634, Swift Code : BSAMLKX 7278, Currency: USD (US Dollar)

❖ Bank Draft

I am enclosing a bank draft no _____ for the total amount of US\$ _____ payable to **"Sri Lanka Association of Oral & Maxillofacial Surgeons (SLAOMS)"**.

* Please note all US dollar transactions by credit will be charged at the rate US\$ 1.

Do you require a formal Letter of Invitation ? Yes No

Pre-Registration

Participant will not be processed or confirmed until payment in full is received. All payments are to be made in US Dollars by cheque, bank draft or credit card.

On-site Registration

It will be possible register upon arrival at the Congress venue in Sri Lanka for the Scientific Program and purchase tickets for the social programs, tours and excursions, subject to availability. Payment can be made by cash or credit card.

Acknowledgements

Your registration and payment will be acknowledged in writing with confirmation of your requirements according to your registration form. This acknowledgement also serves the purpose as Official Receipt. Please present it at the registration counters to obtain your participant package. Details of registration counters' operation hours and arrival guide will be announced before the Congress commencement.

Changes and Cancellations

Any change or cancellation must be received in full and in writing. No change requested by telephone will be accepted. All bank service charges will be deducted from the refunded amounts. All refunds will be made in 30 days after the Congress from administrative reasons. Participants are advised to keep a copy of the registration form. Refunds for cancellations of registration will only be made subject the following deadline and charges:

	On or before 10 th October, 2017	After 10 th October, 2017
Registration / Workshop fee	50%	Forfeited