

# 3RD ASIAN MAXILLOFACIAL TRAINEES CONFERENCE Colombo | Sri lanka

## There: En Route to Clinical Eminence in CMF surpery

Date: 10<sup>th</sup> - 12<sup>th</sup> November 2017 Venue: Hotel Taj Samudra, Colombo

www.acorus2017.com

- Plenary lectures
- **♦** Clinical Discussion
- Oral Presentation
- Poster Presentation

### Organized by:





Sri Lankan Association of Oral & Maxillofacial Surgeons

### REGISTRATION FORM





Given Name	Surname	
Date of Birth	Sex: Male / Female	
Correspondence address:		
Email:	Contact number:	-
Institution / Practice		
Address:		
Email	Contact number	

Registration Fees	On or Before 10 <sup>th</sup> October, 2017	On site Registration
Local Trainees	LKR 15,000/-	LKR 25,000/-
SLAOMS members	LKR 20,000/-	LKR 30,000/-
Foreign Trainees	USD 175/-	USD 250/-
Surgeons	USD 200/-	USD 300/-

### Registration Fees is inclusive of:

Opening ceremony

Attendance to all scientific deliberations and attendance certificate

Fellowship night dinner

All payments to by Bank Transfer / Bankers cheque to be made in the name of Account name: "Sri Lanka Association of Oral & Maxillofacial Surgeons (SLAOMS)"

Bank Name: Sampath Bank, Dharmapala Mawatha, Colombo 7

Bank Account number: 0175 6000 0634

Swift Code: BSAMLKLX 7278

Kindly fax / scan duly filled up form and bank in slip to: Secretary,

 ${\bf Sri\,Lanka\,Association\,of\,Oral\,\&\,Maxillofacial\,Surgeons,}$ 

C/O Sri Lanka Dental Association, 275/75, Buddhaloka Mawatha,

Colombo 7 Sri Lanka

Contact: +94 77 7774764 Fax: +94 11 2595147

Email: slaoms2017@gmail.com suresh1965@hotmail.com

I hereby certify that	is a full time maxillofacial Trainee.	
Name of Institution		
Date:	Authorized signature	<u> </u>

## ABSTRACT SUBMISSION FORM





Prof. / Mr. / Dr / Surgeon. / Trainee	
Title: Prof Dr	Mr Ms
First Name	Last name:
Institution	
Department:	
Address:	
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gr.	-
Country	Post code:
Email:	
Tel:	Fax:
Abstract Title:	
Authors & Institution —	
Abstract: (Not to exceed more than 300 words	) (Please type in Font Arial Font size 12
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10	
For Official use only	
Abstract number	
Date allotted :	Time:
Signature	
# (5) (5 )	

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LCD projector, Pointer & Lap top provided

(Presentation are to be brought on a USB pen drive or CD and handed over to the Presentation preparation room 24 hours ahead of your allotted presentation. Presentations will be accepted only on Power point on Windows format.

### **Hotel Rates**

### TAJ SAMUDRA (5-Star) Conference venue

Galle Face Centre Road, Colombo, Sri Lanka

T: +94 11 2446622

E: reservations.samudra@tajhotels.com

	Single BB	Double BB
Deluxe City View	USD 176/- net	USD 189/- net
Luxury City View	USD 208/- net	USD 221/- net

### **GALLE FACE HOTEL (5-Star)**

2 Galle Road, Colombo 3, Sri Lanka

T: +94 11 2541010

E: reservations@gallefacehotel.net

	Single BB	Double BB
Superior Queen Room	USD 130/- +++	USD 130/- +++
Superior Twin Room	USD 130/- +++	USD 130/- +++

### Ramada Colombo (4-Star)

30 Sir Mohamed Macan Makar Mawatha, Kollupitiya, Colombo, Sri Lanka

T: +94 11-242 2001

E: info@ramadacolombo.com

	Room Only	Room + Breakfast
2 Double Beds Room	USD 118/- +++	USD 128/- +++

### The Stuart by Citrus (4-Star)

No. 45, Janadhipathi Mawatha, Colombo 01, Fort, 00100 Colombo, Sri Lanka

T: +94 11 5575 575

E: web@citrusleisure.com

	Room Only	Room + Breakfast
Standard	USD 100/- net	USD 105/- net
Deluxe room	USD 110/- net	USD 115/- net
Premium	USD 120/- net	USD 125/- net

### **Zmax Fairway Colombo (4-Star)**

No. 07, Hospital Street, Fort, Colombo, Sri Lanka

T: +94 0112 145145

E: a-2241@lakpura.com

1/1/1/1/1/1	Room Only	Room + Breakfast
Z Home King	USD 87/- +++	USD 97/- +++
Z Home Twin	USD 87/- +++	USD 97/- +++