

**18th International Association for Dental Research
(South-East Asian Division) Annual Meeting
14th South-East Asia Association for Dental Education
Annual Meeting
25-27th September 2003**

REGISTRATION FORM

Please complete this form in BLOCK letters. Photocopy of this form is acceptable.

Personal Details		
Title:	First Name:	Last Name:
Department:		
Institution:		
Address:		
		Country:
Tel: ()	Fax: ()	Email:

A) Meeting			
I) Accommodation (3-night) (on or before 20 July, 2003)			
		Fee	Amount
IADR member (Twin sharing)	Hotel Kim Đô (<i>www.kimdohotel.com</i>)	\$ 90	
	Hotel Rex (<i>www.rexhotelvietnam.com</i>)	\$ 120	
	Hotel Caravelle (<i>www.caravellehotel.com</i>)	\$ 180	
IADR member (Single occupancy)	Hotel Kim Đô	\$ 180	
	Hotel Rex	\$ 200	
	Hotel Caravelle	\$ 320	
II) Meeting (on or before 20 July, 2003)		Fee	Amount
i) IADR member	Full Meeting	\$ 200	
		Fee	Amount
ii) Non member	Full Meeting	\$ 250	
		Sub-total	

(All fees quoted are in US dollars)

IADR membership No.: _____ I will share room with _____ (if applicable)

B) Pre- or Post-Meeting Accommodation				
Extra Night per Room <i>(please circle your choice)</i>	Daily Room Rate		No. of Nights	Total Amount
	SGL	Twin		
Hotel Kim Đô	\$ 60	\$ 60		
Hotel Rex	\$ 70	\$ 80		
Hotel Caravelle	\$ 110	\$ 120		
			Sub-total (B)	

(All fees quoted are in US dollarse)

Hotel Check-in Date: _____ Hotel Check-out Date: _____
 Arrival Flight No.: _____ Arrival Time: _____ Departure Flight No.: _____ Departure Time: _____
 (if known) (if known)

For Official Use only
Registration No.:
Abstract No.:

