

International Conference on Restorative Dentistry and Prosthodontics Houston, USA October 20-21, 2016

Register Now! By Phone: +1-650-268-9744; E-mail: restoratedentistry@omicsgroup.com; restoratedentistry@conferenceseries.net

Operated by- Journal of Oral Health and Dental Management, Journal of Dentistry and Journal of Oral Hygiene and Health

Please contact us if you need any special pricing!

5 Easy ways to Register

-  +1-650-268-9744 (USA)
-  +1-650-618-1414
-  **Toll free:** +1-800-216-6499 (Only for USA & Canada)
+1-800-651-097 (Australia), 0805-080048 (Europe)
-  <http://restoratedentistry.conferenceseries.com/>
- Group Bookings:** Take advantage of group bookings. Discounted prices, special features etc.
- Fax your details to +1-650-618-1414 (or)
-  Email: restoratedentistry@omicsgroup.com
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Items Please tick any one of the following	On/Before January 02, 2016		On/Before March 15, 2016		On October 20, 2016	
	Academia	Business	Academia	Business	Academia	Business
<input type="checkbox"/> Registration Fee	\$ 799	\$ 899	\$ 899	\$ 999	\$ 999	\$ 1099
<input type="checkbox"/> Package A	\$ 1299	\$ 1499	\$ 1399	\$ 1599	\$ 1499	\$ 1699
<input type="checkbox"/> Package B	\$ 1475	\$ 1699	\$ 1575	\$ 1799	\$ 1675	\$ 1899
<input type="checkbox"/> Student Registration	\$ 299	\$ 299	\$ 299	\$ 299	\$ 299	\$ 299
<input type="checkbox"/> Student (* Excluding Food)	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99
<input type="checkbox"/> e-Poster	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99
<input type="checkbox"/> Poster	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100
<input type="checkbox"/> Accompanying Person	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200
Exhibition/special request	Contact Organizers at Ph: +1-650-268-9744, Fax: +1-650-618-1414 E-mail: restoratedentistry@omicsgroup.com ; restoratedentistry@conferenceseries.net					All Currency in US Dollars

Yes I/We will attend Restorative Dentistry 2016

Name: Prof/Dr/Mr/Mrs. _____

Department _____

University/Organization _____

E-mail _____ Address _____

Tel _____ Fax _____

Title of your talk _____

Track No _____

Do you require an invitation letter: Yes / No Date: Check In _____ Check Out _____

Abstract submitted: Yes / No

If "No" submit your abstract at <http://restoratedentistry.conferenceseries.com/call-for-abstracts.php>

PAYMENT INFORMATION

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Please note that cards will be debited within 7 days of your registration.

Yes I agree to the terms and conditions as stated on this form.

Delegates who do not pay their bookings are requested to provide a copy of bank transfer/credit card/cheque details to help payment allocation. Staff at the event will request a credit card guarantee for delegates without proof of payment.

Venue Details
Crown Plaza Houston River Oaks
2712 Southwest Freeway Houston, TX, 77098, USA

Operated by:
Journal of Oral Health and Dental Management, Journal of Dentistry and Journal of Oral Hygiene and Health

Hosting organization:
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Email: restoratedentistry@omicsgroup.com; restoratedentistry@conferenceseries.net

- Only registration includes:**
1. Conference Kit
 2. Coffee break during the conference
 3. Lunch during the conference
- Package A:** Above 2 features including the following...
4. 3 Nights accommodation (i.e. October 19th & 20th) of deluxe single/double room at Houston, USA.
- Package B:** Above 4 features including the following...
5. 1 Night extra accommodation i.e. October 21st (total 3 Nights)
- Accompanying Person:**
1. Entry pass for opening ceremony
 2. Coffee break during the conference
 3. Lunch during the conference