

Local Anaesthetic Update for the Registered Dental Hygienist, Dental Therapist & Oral Health Therapist

REGISTRATION FORM

Limited places – 24 participants only

Please register and send in payment early to secure your place.

If you are unsuccessful in securing a place, your payment will be returned.

Name _____

Address _____

Contact Numbers Home _____ Work _____

Mobile _____

Email _____

Employer _____

\$ 400.00 (Fees include Morning Tea & Lunch)

PAYMENT

Credit Card Cardholder Name _____

Visa Mastercard Expiry Date _____ / _____

Credit Card Number _____ / _____ / _____

Signature _____

Cheque/Money Order

Please make all Cheques/Money Orders payable to:
Department of Dental Hygiene & Therapy

Post to: Department of Dental Hygiene & Therapy
GPO Box U1987
PERTH WA 6845

50% Refund for cancellations received up to 3rd January 2012.
No refund for cancellation after this date.