

**LLCI Laser Applications in
Clinical Dentistry - level one & two
Friday 25th & Saturday 26th June 2010**

Please complete this registration form and fax to
+64 9 307 2382 with payment to secure your place
on this course.

registration form

COURSE DELEGATE

Full Name
Practice
Address
Town/City
Tel Mobile
Fax Email

Food Requirements



PAYMENT DETAILS

Card: Visa MCard Diners Amex Cheque enclosed

Amount

Card No.

Expiry Date

Cardholders Name

Cardholders Signature

Course fee will be refunded if notice of
cancellation is more than 10 days. Your
Course fee can be transferred to the next
available course date.

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