

Registration Form

Advanced Laser Applications
in Clinical Dentistry – Dr Hisham Abdalla

Friday 3rd of August 2012 & Saturday 4th of August 2012

Please complete this registration form and either email or fax (09 307 2382)
it back to Lisa Biesheuvcl with payment to secure your place on this course.

COURSE DELEGATE

Full Name:

Practice:

Address:

City/Country:

Tel: Email:

Dietary Requirements:



PAYMENT DETAILS

Online Payment

ANZ Account 010102-0843703-00 Swift Code: ANZBNZ22

Credit Card: Visa MCard

Amount:

Card No:

Expiry Date:

Cardholders Name:

Cardholders Signature:



www.lasersmile.co.nz

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.

