

registration form

Advanced Laser Applications in Clinical Dentistry — Dr Hisham Abdalla Friday 27th & Saturday 28th May 2011

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

COURSE DELEGATE

| | | | |
|-----------------------|----------------------|-------|----------------------|
| Full Name | <input type="text"/> | | |
| Practice | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| City/Country | <input type="text"/> | | |
| Tel | <input type="text"/> | Email | <input type="text"/> |
| Dietary Requirements: | | | |
| <input type="text"/> | | | |



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

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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