



4 CPD HOURS COURSE REGISTRATION FORM

**Periodontal Management in General Practice  
Saturday 20th February 2021 12PM - 5PM**

**DENTISTS:**  
REGULAR (incl GST) **\$200**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Payment Options:**

Email attached form to:  
registration@educationindentistry.com.au

Or Paying by Phone:  
(Credit Card Only)  
Please contact Julia Riese on  
**07 5539 7400** to make  
payment over the phone.

Dietary Requirements  
\_\_\_\_\_

**Type of Card:**

VISA     MASTER CARD

Name on Credit Card  
\_\_\_\_\_

Credit Card No  
\_\_\_\_\_

Expiry Date  
\_\_\_\_\_ / \_\_\_\_\_

Amount  
\_\_\_\_\_