



5 CPD HOURS SEMINAR REGISTRATION FORM

Working Posture for the Dental Team
Saturday 24th July 2021 8:30AM - 3:00PM

DENTISTS/OHTS/HYGIENISTS
DA'S/RECEPTION
DENTAL TECHNICIAN

REGULAR (incl GST) **\$490**



Name _____

Address _____

Email _____

Phone _____

Payment Options:

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

Or Paying by Phone:
(Credit Card Only)
Please contact us 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
