



1 YOUR DETAILS

DENTAL PROTECTION MEMBERSHIP NO. *(printed on the letter)*

TITLE _____ FIRST NAME(S) _____

FAMILY NAME _____

TELEPHONE NUMBER _____

HAND PHONE NUMBER _____

EMAIL ADDRESS _____

DIETARY REQUIREMENTS _____

PROFESSIONAL STATUS:

GENERAL DENTIST

SPECIALIST (indicate specialty)

By returning this form you confirm that you agree with the booking terms and conditions at dentalprotection.org

Registration closes one day prior to the workshop or when the workshop reaches maximum capacity.

2 SELECT THE WORKSHOP YOU WOULD LIKE TO ATTEND

MASTERING DIFFICULT INTERACTIONS (3 hour workshop)

✓ Location	Date	Time	Ref
<input type="checkbox"/> Hilton Petaling Jaya	26 May	10.00am	7064

MASTERING ADVERSE OUTCOMES (3 hour workshop)

✓ Location	Date	Time	Ref
<input type="checkbox"/> Aloft Kuala Lumpur Sentral	23 June	2.00pm	7065

3 REGISTER

Register today at dentalprotection.org

Registration enquiries call **1800 815 839** or email apeducation@dentalprotection.org

