

REGISTER ONLINE

visit dentalprotection.org



All workshops are provided free to Dental Protection members

1 YOUR DETAILS

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

TITLE _____ FIRST NAME(S) _____

FAMILY NAME _____

TELEPHONE NUMBER _____

MOBILE PHONE NUMBER _____

EMAIL ADDRESS _____

DIETARY REQUIREMENTS _____

PROFESSIONAL STATUS:

- GENERAL DENTIST
 HYGIENIST
 THERAPIST
 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.

DEN_NZ_MC1_Flyer

2 SELECT THE WORKSHOP YOU WOULD LIKE TO ATTEND

DENTAL RECORDS FOR GENERAL DENTAL PRACTITIONERS (3 hour workshop)

✓ Location	Date	Time	Ref
<input type="checkbox"/> Christchurch, Chateau on the Park - a DoubleTree by Hilton	27 May	6.00pm	7051
<input type="checkbox"/> Wellington, Meetings on the Terrace	28 May	6.00pm	7052
<input type="checkbox"/> Tauranga, Hotel Armitage	29 May	6.00pm	7053
<input type="checkbox"/> Hamilton, Distinction Hamilton Hotel & Conference Centre	30 May	6.00pm	7054
<input type="checkbox"/> Auckland, NZDA House	31 May	2.00pm	7055

MASTERING CONSENT AND SHARED DECISION MAKING (3 hour workshop)

✓ Location	Date	Time	Ref
<input type="checkbox"/> Palmerston North, Copthorne Hotel	6 April	1.00pm	7049
<input type="checkbox"/> Auckland, NZDA House	9 April	6.00pm	7050

3 REGISTER

Register today at dentalprotection.org or complete this form and email to cpd@nzda.org.nz or post to **New Zealand Dental Association PO Box 28084, Remuera, Auckland 1541**

Registration enquiries contact the New Zealand Dental Association on **09 579 8001** or email cpd@nzda.org.nz

Presented in partnership with the New Zealand Dental Association



New Zealand Dental Assoc.