

REGISTER ONLINE

visit dentalprotection.org

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

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 ADVERSE OUTCOMES (3 hours)

<input checked="" type="checkbox"/> Location	Date	Time
<input type="checkbox"/> Wan Chai, Empire Hotel	12 May	6.30pm

BUILDING RESILIENCE AND AVOIDING BURNOUT (3 hours)

<input checked="" type="checkbox"/> Location	Date	Time
<input type="checkbox"/> Wan Chai, Empire Hotel	5 May	6.30pm

MASTERING CONSENT AND SHARED DECISION MAKING (3 hours)

<input checked="" type="checkbox"/> Location	Date	Time
<input type="checkbox"/> Kowloon, The Cityview	14 May	6.30pm

DENTAL RECORDS FOR GENERAL DENTAL PRACTITIONERS (3 hours)

<input checked="" type="checkbox"/> Location	Date	Time
<input type="checkbox"/> Wan Chai, Empire Hotel	19 May	6.30pm

3 REGISTER

Register today at dentalprotection.org or complete this form and email to hkeducation@dentalprotection.org

Registration enquiries call **800 960 256** or email hkeducation@dentalprotection.org



Presented in partnership with the Hong Kong Dental Association