



**1 YOUR DETAILS**

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

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TITLE \_\_\_\_\_ FIRST NAME(S) \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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DIETARY REQUIREMENTS \_\_\_\_\_

PROFESSIONAL STATUS:

- GENERAL DENTIST
  - HYGIENIST
  - THERAPIST
  - SPECIALIST *(indicate specialty)*
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**2 SELECT THE WORKSHOP YOU WOULD LIKE TO ATTEND**

**BUILDING RESILIENCE AND AVOIDING BURNOUT** (3 hours)

✓ Location	Date	Time
<input type="checkbox"/> Auckland, NZDA House	2 May	9.00am
<input type="checkbox"/> Christchurch, Novotel Christchurch Cathedral Square	14 May	6.00pm
<input type="checkbox"/> Wellington, Meetings on the Terrace	20 May	6.00pm

**MASTERING ADVERSE OUTCOMES** (3 hours)

✓ Location	Date	Time
<input type="checkbox"/> Nelson, Rutherford Hotel Nelson	9 May	10.00am
<input type="checkbox"/> Hamilton, Novotel Hamilton Tainui	21 May	6.00pm

**3 REGISTER**

Register today at [dentalprotection.org](http://dentalprotection.org)  
or complete this form and email to [cpd@nzda.org.nz](mailto: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](mailto:cpd@nzda.org.nz)

By returning this form you confirm that you agree with the booking terms and conditions at [dentalprotection.org](http://dentalprotection.org)

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



Presented in partnership with the  
New Zealand Dental Association