



1 YOUR DETAILS

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

SDA MEMBERSHIP Yes No

DCR NO. _____

TITLE _____ FIRST NAME(S) _____

FAMILY NAME _____

ORGANISATION _____

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

BUILDING RESILIENCE AND AVOIDING BURNOUT (3 hours)

<input checked="" type="checkbox"/> Location	Date	Time
<input type="checkbox"/> Orchard Hotel	21 May	6.30pm

MASTERING ADVERSE OUTCOMES (3 hours)

<input checked="" type="checkbox"/> Location	Date	Time
<input type="checkbox"/> Orchard Hotel	12 May	6.30pm

MASTERING DIFFICULT INTERACTIONS (3 hours)

<input checked="" type="checkbox"/> Location	Date	Time
<input type="checkbox"/> Orchard Hotel	28 May	6.30pm

3 PAYMENT FOR NON-MEMBERS

SDA member \$145 Non-member \$290

VISA/MasterCard No.

Expiry Date / (mm/yy)

CW2/CVC2 No. (the last 3 digits after the credit card
no. on the reverse side of the card)

NAME ON CARD _____

