

Signature:

CPD 2016 Program Registration Form

Photocopy and complete this form for each registrant, telephone regis	strations are not ac	cepted.	HOW TO ENROL	
☐ I am a member of my ADA state branch or equivalent national orga Member Number	anisation.		By Fax 02 8436 9933	
Please use block letters when filling in your details			By email admin@adacpd.com.au	
Given Name: (Dr/Mr/Ms/Mrs)	P/code:		By mail ADA NSW Centre for Professional Development PO Box 132 St Leonards, NSW 1590 Online www.adacpd.com.au For further information, please call 1800 737 346 Please note Your registration for these events indicates	
Email: Special Dietary Request: Please enrol me in:	Latex allergy:	@ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @	acceptance of CPD's Terms and Conditions, and Cancellation Policy (both available at www.adacpd.com.au)	
Course Name	Course Date	Fee		
Dental staff employed by an ADA member, please register your practice on www.adacpd.com.au to be eligible for the member fee. Payment Details Oradit card: Mastaccard Vica American Everose	/ / / / / / / / / / / / / / / / Total (inc GST)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Credit card: Mastercard Visa American Express Card Number: CCV Expiry date: Cardholder Name:				

Cheque: Make cheque payable to ADA NSW Centre for Professional Development and post to

PO Box 132, St Leonards, NSW 1590 with a copy of your registration form.

Scan this QR Code to

link to the CPD website