

REGISTRATION FORM:

INQUIRIES:

ANTHEA CLARKE, CONTACTPOINTDENTAL
TEL: (08) 6389 0455

NAME _____

ADDRESS _____

POSTCODE _____ STATE _____ PRACTICE _____

TEL _____ EMAIL _____

REGISTRATION FEES (INCLUSIVE OF GST)

BEFORE JUNE 30TH 2009

DENTIST	\$220
HYGIENIST/ THERAPIST	\$170
ASSISTANT	\$100
STUDENT	\$ 80

AFTER JUNE 30TH 2009

DENTIST	\$280
HYGIENIST/ THERAPIST	\$230
ASSISTANT	\$160
STUDENT	\$120

PAYMENT

TOTAL \$ _____

PAYMENT BY CHEQUE:

CONTACTPOINTDENTAL
UNIT 8, 1ST FLOOR
24 LEURA ST
NEDLANDS WA 6009

ELECTRONIC TRANSFER*

BSB NUMBER: 036 051
AC NAME: ANTHEA CLARKE T/AS
CONTACTPOINT DENTAL
AC NUMBER: 239702
BANK: WESTPAC

***PLEASE FAX YOUR REGISTRATION FORM TO: 08 6389 0500**

REGISTRATION FEE INCLUDES MORNING COFFEE, LUNCHEON,
AFTERNOON TEA AND CPD CERTIFICATE OF ATTENDANCE.