

# REGISTRATION FORM:

## INQUIRIES:

ANTHEA CLARKE, CONTACTPOINTDENTAL

TEL: (08) 6389 0455

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ STATE \_\_\_\_\_ PRACTICE \_\_\_\_\_

TEL \_\_\_\_\_ EMAIL \_\_\_\_\_

## REGISTRATION FEES (INCLUSIVE OF GST)

### BEFORE JUNE 30<sup>TH</sup> 2009

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

### AFTER JUNE 30<sup>TH</sup> 2009

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

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## PAYMENT

TOTAL \$ \_\_\_\_\_

### PAYMENT BY CHEQUE:

CONTACTPOINTDENTAL  
UNIT 8, 1<sup>ST</sup> 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.