

# 2010 INTERNATIONAL Quintessence Symposium

On Periodontics & Restorative Dentistry

## Registration Form

### Register before 13 August and SAVE!

Fax: 02 9697 6250/Mail: Locked Bag No. 5003  
Alexandria NSW 2015

### How to Register

Complete the Registration Form and **mail or fax** to Nareida Mitchell at Henry Schein Halas, accompanied by credit card information, Account Charge request, or a cheque for the full registration fee, made payable to Henry Schein Halas. The registration fee must be paid in Australian Dollars.

Please make photocopies of the registration form, if you wish to register additional people.

**The registration fee** includes admission to all Symposium sessions and exhibits, daily coffee breaks, lunch and the Welcome Reception Cocktail Party on the evening of 29th October 2010.

**Cancellations:** Cancellations made in writing and received by Henry Schein Halas before 1 September 2010 will be refunded in full. Cancellations received on or after 1 September, 2010 but before the start of the Symposium will be charged a cancellation fee of AUS \$200. No refunds will be made after the Symposium begins on 29 October 2010.

Options	Privileges Member		Non Member	
	before 13 Aug 2010	after 13 Aug 2010	before 13 Aug 2010	after 13 Aug 2010
2 day lectures only	<input type="checkbox"/> \$980	<input type="checkbox"/> \$1160	<input type="checkbox"/> \$1090	<input type="checkbox"/> \$1250
Full day workshop only	NA	<input type="checkbox"/> \$880	NA	<input type="checkbox"/> \$880
Half day workshop only	NA	<input type="checkbox"/> \$440	NA	<input type="checkbox"/> \$440
2 days of lectures and 1 full day of workshop/s	<input type="checkbox"/> \$1860	<input type="checkbox"/> \$2080	<input type="checkbox"/> \$1970	<input type="checkbox"/> \$2180
2 days of lectures and 1 half day workshop	<input type="checkbox"/> \$1420	<input type="checkbox"/> \$1640	<input type="checkbox"/> \$1530	<input type="checkbox"/> \$1750
	Technicians, Hygienists & Therapists		Students*	
2 day lectures only	<input type="checkbox"/> \$590		<input type="checkbox"/> \$480	

\*Please submit verification of student status with this registration form (Undergraduates only)

### Workshop Options (PLEASE TICK)

- |                                                                                           |                                                                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Precision Tooth Preparation for Aesthetic Restorations (AM)      | <input type="checkbox"/> An Efficient Treatment Plan for Complete Tooth Decay Management (PM)         |
| <input type="checkbox"/> Cone Beam Anatomy: Let's Review What You May be Missing (AM)     | <input type="checkbox"/> New Ultrasonic Implant Site Preparation for Traditional Technique (Full Day) |
| <input type="checkbox"/> Cone Beam Anatomy: Let's Review What You May be Missing (PM)     | <input type="checkbox"/> Tooth Out, What's Next? (Full Day)                                           |
| <input type="checkbox"/> What Surrogates Measures of Osseointegration Really Matter? (PM) | <input type="checkbox"/> Excellence in Dental Aesthetics (Full Day)                                   |

Name: \_\_\_\_\_ Phone (business): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address: \_\_\_\_\_ p/code: \_\_\_\_\_

### Payment (PLEASE TICK)

Cheque enclosed for \$ \_\_\_\_\_ (Make payable to Henry Schein Halas)

Please charge my Henry Schein Halas Account No. \_\_\_\_\_

Credit Card:  Visa  Mastercard  American Express Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sec. No: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_