

2010  
INTERNATIONAL

# Laser Dentistry Symposium

1 - 2 November 2010

# 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 daily coffee breaks and lunch.

**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 1 November 2010.

Options		
	before 13 Aug 2010	after 13 Aug 2010
Full Course	<input type="checkbox"/> \$900	<input type="checkbox"/> \$990
Day 2 Lectures only	<input type="checkbox"/> \$400	<input type="checkbox"/> \$420
Students ( <i>undergraduates only</i> )	<input type="checkbox"/> \$380	

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: \_\_\_\_\_

## Course to be held at:

ADA NSW Clinical Training Centre  
Level 1, 71-73 Lithgow Street,  
St Leonards NSW 2065