

Manchester Dental Implant Foundation Course

22nd to 26th July 2008

BOOKING FORM

Surname/Family Name:	
First Name:	
Salutation:	*Prof/Dr/Mr/Mrs/Miss/Ms/Other: _____
Name as you wish it to appear on Name Badge:	
Profession:	*Dentist/Dental Nurse
Are you in specialist training? CCT/CCST date:	

Address:	
Town/City:	
Post Code:	
e-mail:	
Telephone No:	
Mobile No:	
Vegetarian:	*Yes/No
Special Dietary Requirements:	

I wish to apply for the full five day course at the rate of:

		Please tick
∞ Dentist	£1000.00 deposit required - £500.00	
Dentist in training	£ 800.00 deposit required - £500.00	
Dental nurse	£ 200.00 (free if dentist attending) deposit not required	

*delete as appropriate

∞ rate includes free dental nurse place on Saturday morning

Please return booking form and cheque to Mrs J Cook, Centre Manager, MANDEC Centre, Higher Cambridge Street, Manchester M15 6FH. Cheque to be made payable to **MANDEC**