

REGISTRATION FORM



TAX INVOICE (ABN: 15 211 513 464)

To register please post or fax the completed form to:

Continuing Education in Dentistry

Level 6/2 Chalmers Street

Surry Hills NSW 2010

T +61 2 9351 8348

F +61 2 9351 8310

E dental.ce@sydney.edu.au

sydney.edu.au/dentistry/ce

Additional registration forms can be downloaded from our website

COURSE DETAILS

Course No.	Course name	Cost
-----	-----	\$ -----
-----	-----	\$ -----
-----	-----	\$ -----
		Total \$ -----

YOUR DETAILS

Title ----- First name ----- Last name -----

Address -----

Suburb ----- State ----- Postcode -----

Email ----- Date of birth -----

Phone ----- Fax ----- Mobile -----

Year of graduation ----- Occupation -----

SPECIAL REQUIREMENTS (dietary, mobility etc) -----

PAYMENT DETAILS

I wish to pay my \$ ----- registration fee by Cheque / Amex / MasterCard / Visa (circle appropriate)

Card no * CVV no Expiry date

Name on card ----- Signature -----

Cheques payable to: University of Sydney
For full details of our refund and cancellation policies please visit our website.

*CVV is three digit number on the rear of your MasterCard & Visa or four digit number on the front of your American Express Card.