COURSE SELECTION

AUSTRALIA

Sydney
- ☐ FEBRUARY 29
- ☐ MAY 18
- ☐ JULY 13
- ☐ OCTOBER 12

Canberra
- ☐ FEBRUARY 24

Melbourne
- ☐ MARCH 14
- ☐ JUNE 13

Brisbane
- ☐ MARCH 28
- ☐ SEPTEMBER 5

Adelaide
- ☐ APRIL 18
- ☐ AUGUST 15

Hobart
- ☐ APRIL 13

Albury
- ☐ OCTOBER 3

Townsville
- ☐ DECEMBER 4

NEW ZEALAND

Auckland
- ☐ APRIL 27
- ☐ NOVEMBER 23

Wellington
- ☐ SEPTEMBER 28

Dr David Penn Update Course Qualifies for 7 CPD points
9am - 5pm. Maximum capacity for each course is 30 participants

REGISTRATION DETAILS

DENTIST NAME: _____ **TRADING NAME:** _____

SURGERY ADDRESS: _____

_____ **POSTCODE** _____

SURGERY Phone: (____) _____ **Fax:** (____) _____ **Mobile:** _____

SURGERY Email: _____ **A.B.N.** _____

PAYMENT DETAILS

☐ **AU** $765.00 (per dentist, ex.GST)

☐ **NZ** $970.00 (per dentist, ex.GST)

◊ **Cheque enclosed** ☐ (Please make payable to SOUTHERN CROSS DENTAL LABORATORIES)

◊ **Please charge my:** ☐ VISA ☐ DINERS (AUS only) ☐ MASTERCARD ☐ AMEX (incurs a 2% surcharge & AUS Only)

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry _____/_____

Signature _____ Cardholder name _____

◊ **Cancellation Policy:** If registration is cancelled less than 4 weeks prior to the original course you have registered for, a 50% cancellation fee will apply. If cancellation is within 2 weeks of the original course you have registered for, a100% cancellation fee will apply.

RETURN TO

AUSTRALIA

FAX TO: (02) 9362 - 1179
EMAIL: events@scdlab.com
MAIL TO: PO Box 607, Double Bay, NSW 1360
PHONE / CONTACT: (02) 9362 - 1177 ~ Natalie

NEW ZEALAND

FAX TO: (07) 346 - 1145
EMAIL: marketingnz@scdlab.com
MAIL TO: PO Box 526 Rotorua 3040
PHONE / CONTACT: (07) 346 - 0516 ~ Monica