REGISTRATION FORM

3 CPD VDB approved Half Day Seminar 17 July 2010

The Dental Hygienists' Association of Australia Inc. QLD Branch

PERSONAL DETAILS

Please Print Clearly

Surname_____ First _____Title _____

Address_____

Suburb _____ State _____ Postcode _____

Electronic Attendance Certificates will be emailed, please print clearly

Email _____Phone (_____) _____

Mobile _____ DHAA/DOHTAQ Membership Number_____

Dental Hygienist ☐ Dental Therapist ☐ Oral Health Therapist ☐ Other ☐ _____

Receipt name if different to above_____

REGISTRATION FEES - $AU

Registration Deadline 10 July 2010 **+++ No onsite registration available +++**

Arrival Coffee and Lunch provided

DHAAQ Member	$20 _____
DOHTAQ Member	$20 _____
Non Member	$50 _____

Total _____

PAYMENT OPTIONS

☐ Credit Card ☐ Direct Deposit

Cardholder's name_____

Signature_____

Card no.

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ ☐ Visa ☐ MasterCard Expiry __ __ / __ __

Please mail this form to: **DHAAQ Half Day Seminar**
GPO Box 2415
BRISBANE QLD 4001

Direct deposit: **BSB: 484-799**
Account Number: 003413608
Quote: Your membership number and surname
Send an email to advise of direct deposit (address below)

Website: www.dentalhygienist.com.au Email: contact-dhaaq@dentalhygienist.com.au

++ Please note the venue is UQ Dental School, Turbot Street, Brisbane.

Cancellation Policy: Cancellation prior to 10 July 2010 will be refunded less $5 to cover administration costs. Any cancellation after 10 July 2010 will not receive a refund. The DHAAQ reserve the right to cancel the event at any time with no responsibility to applicants other than to fully refund all monies paid for the event.