



Irish Society of Dentistry for Children

## Registration form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dental council registration number: \_\_\_\_\_

**Pre-register and pay by 9<sup>th</sup> April 2013 and save!**

I would like to register for the following (please tick box below):

	Dentist	Hygienist/ Dental Nurse	Student
Pre-registration fee (By 9 <sup>th</sup> April 2013)	<input type="checkbox"/> €80	<input type="checkbox"/> €50	<input type="checkbox"/> €20

	Dentist	Hygienist/ Dental Nurse	Student
Registration after 9 <sup>th</sup> April 2013	<input type="checkbox"/> €100	<input type="checkbox"/> €70	<input type="checkbox"/> €30

*Cheques payable to Irish Society of Dentistry for Children*

*Please return this completed application to: Dr Rona Leith, ISDC Treasurer, Division 1, Dublin Dental Hospital, Lincoln Place, Dublin 2*

[www.dentistryforchildren.ie](http://www.dentistryforchildren.ie)