QUALITY DENTAL

master dental events

Race Dental

Master Aesthetic Veneers Symposium

17th - 18th August 2018 Singapore Huone Clarke Quay

REGISTRATION FORM

Customer Details

Customer Account Number: _____

Clinician Name: _____

Clinician #2 Name: _____

Clinician #3 Name: _____

Email Address: _____

Special Dietary Requirements: _____

If no customer account number, please also fill out the following details:

Practice Name: _____

Address: _____

Phone Number: _____

Marketing

I agree to allow Race Dental and Core3daCADemy to use pictures, videos or the like for potential marketing materials

Name: _____ Date: _____

Where did you hear about our course? ☐ Word of mouth ☐ Brochures ☐ Email ☐ Social Media ☐ Other: _____

Payment

Total Course Amount: _____

☐ Charge to customer account number:

_____

☐ Credit Card

Card Type: ☐ MasterCard ☐ Visa ☐ Amex (3% surcharge)

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CVV: ☐☐☐

Expiry Date: ☐☐ / ☐☐

Name on Card: _____ Authorised By (Name): _____

Please email this form to events@racedental.com.au

Race Dental Unit 6, 40 Carrington Road, Castle Hill NSW 2154 Australia • ph: +61 2 9490 2500 • www.racedental.com.au

Core3dcentres 56 Kallang Pudding Road Singapore 349328 • ph: +65 6298 9593

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