

The Dental Council of Hong Kong
Continuing Professional Development (CPD) Programme for Practicing Dentists
Enrolment Form (Cycle 1-1-2014 to 31-12-2014)

Name in English: _____
(Surname) (First Name)

Name in Chinese: _____

Dental Council Registration Number: _____

Date of first registration with Dental Council: _____

HKDA Member: Yes ☐ No ☐

HKDA Membership Number: _____ (If Applicable)

Correspondence

Address: _____

Contact Number: Office: _____ Mobile: _____

Fax number: _____

Email: _____

Please select only one of the following Administrators (put a "✓" in the box provided):

Administrators	
<input type="checkbox"/>	Department of Health (DH) Tel:2961 8798 Fax:2573 0518 <i>Remarks: Applicable for Government Dental Officer only. No fee required</i>
<input type="checkbox"/>	Hong Kong Dental Association (HKDA) Tel:2528 5327 Fax:2529 0755 <i>Remarks: Enrolment fee for HKDA members is HK\$200 and for non-members is HK\$600 for the whole cycle of 1 year (2014). Please complete this form and enclose a cheque of the right amount payable to "Hong Kong Dental Association Ltd." and send to HKDA, 8/F Duke of Windsor social Services Building, 15 Hennessy Road, Wanchai, H.K.</i>
<input type="checkbox"/>	The College of Dental Surgeons of Hong Kong (CDSHK) Tel:2871 8866 Fax:2873 6731 <i>Remarks: Enrolment fee is HK1,000 for the whole cycle of 1 year (2014). HK\$2,000 will be charged as administrative fee if application is received after 30 June 2014. Cheque made payable to "The College of Dental Surgeons of Hong Kong" should accompany this Form and send to CDSHK Rm 902, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Rd., Aberdeen, H.K.</i>

Please complete and mail this enrolment form with a crossed cheque to the selected administrator.

(Signature of Enrollee)

(Date)