The Dental Council of Hong Kong Continuing Professional Development (CPD) Programme for Practicing Dentists Enrollment Form (Cycle 1-1-2008 to 31-12-2010)

| Name in English: | | | |
|--------------------------------------|--|--------------------|--|
| (Surname) | | (First Name) | |
| Name in Chinese: | | | |
| Dental Council Reg | gistration Number: | | |
| Date of first registra | ation with Dental Council: | | |
| HKDA Member: HKDA Membership Number: | | Yes | No 🗆 |
| | | | (If Applicable) |
| Correspondence Address: | | | |
| Contact Number: Office: | | Mobile: | |
| Fax Number: | | | |
| Email: | | | |
| | | | |
| Please select only o | one of the following Admini | strators (put a "v | " in the box provided): |
| | A 3 | nistrators | |
| | Aumi | nistrators | |
| - | rtment of Health (DH) | | |
| | 961 8798 Fax: 2573 05 | | 1. N. C |
| | rks: Applicable for Governi | | icers only. No fee requirea. |
| | Kong Dental Association 2528 5327 Fax: 2529 07 | , | |
| | | | HK\$500 and for non-members |
| | | | f 3 years (2008-2010). Please |
| | - v | - | que of the right amount payable |
| | | | Ltd" and send to HKDA, 8/F, |
| | Duке of winasor So Wanchai, HK. | ociai Services I | Building, 15 Hennessy Road, |
| The C | College of Dental Surgeons | of Hong Kong | (CDSHK) |
| | 2871 8866 Fax: 2873 67 | | (======) |
| Rema | · · | * | whole cycle of 3 years (2008- |
| | | | administrative fee if application |
| | v | | heque made payable to "The |
| | C v | | Kong" should accompany this HKAM Jockey Club Bldg., 99 |
| | Wong Chuk Hang Rd., | | THAM JOCKEY CHO Bidg., "" |
| | | | |
| _ | and mail this enrollmen | t form with a | a crossed cheque to the selec |
| administrator. | | | |
| | (0) | | |
| | (Signature of Enrollee) | | (Date) |