

**British Association of Teachers of Conservative Dentistry
Annual Conference 12th & 13th September 2006**



**Trinity College Dublin
Organised by the University Dental School & Hospital, Cork**

REGISTRATION FORM

DELEGATE DETAILS

Title	
Forename	
Surname	
Dental School	
Address	
Postcode	
Telephone No.	
Fax No.	
E-mail	

It is important for the organisation of the meeting that we can reach you by e-mail. If you do not have an e-mail account, please give a departmental or other contact who can accept messages and forward them to you.

CONFERENCE DETAILS

Full Meeting Rate – including Registration/Lunches/Tea or Coffee/Annual Dinner	£105.00/ €150.00	<input type="checkbox"/>
Total enclosed:	£/€	

Please complete this form and enclose a cheque made payable to BATCD and send it AIRMAIL to Dr F M Burke University Dental School and Hospital, Cork, Ireland.

For online booking of accommodation go to
<http://www.pef2006.com/index.cfm?fuseaction=page&pid=85>

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