

**REGISTRATION FORM** - Section of Odontology Symposium, Monday 25<sup>th</sup> February 2019  
*Please complete one form for each delegate*

**DELEGATE INFORMATION**

Title: <b>Professor / Dr / Mr / Mrs / Ms</b>	Membership number: (if known)
Forename(s):	Surname:
Job Title:	Place of Work:
Address:	Telephone:
Postcode:	E-mail: (place will be confirmed by email)

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<http://www.mms.org.uk/events-and-meetings/>



**Please select appropriate Registration rate:**

Manchester Medical Society (FREE) ☐

Dental Student (FREE) ☐ (please use your student email address)

Non-Member Dentally qualified ☐ £40.00\*

Non-Member Other health professionals ☐ £25.00\*

**\*PAYMENT**

I enclose a cheque for £ ..... made payable to Manchester Medical Society.

**To Book a Place:** Either

- Complete and return this form to Manchester Medical Society, c/o Room 4.54 Simon Building, Brunswick Street, Manchester, M13 9PL.
- Book and pay online at <http://www.mms.org.uk/events-and-meetings/> [Members will need to login to book a FREE place – to request a login follow the link at <http://www.mms.org.uk/login/> ]
- Email [admin@mms.org.uk](mailto:admin@mms.org.uk)
- Telephone 0161 275 3765
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