

REGISTRATION FORM - Section of Odontology Symposium, Wednesday 6th November 2019

Please complete one form for each delegate

DELEGATE INFORMATION

Title: Professor / Dr / Mr / Mrs / Ms	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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Please select appropriate Registration rate:

Manchester Medical Society (FREE) ☐

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

Non-Member Dentally qualified ☐ £60.00*

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 Park, 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
- Telephone 0161 275 3765

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