



## **National Course in Conscious Sedation for Dentistry**

**Queen Mary. University of London, Mile End**

**5<sup>th</sup> & 6<sup>th</sup> March 2011**

APPLICATION (Please photocopy for multiple applications)

**Please return to: SAAD Course Registrations, 114 High Street, Billingshurst, West Sussex, RH14 9QS**

I wish to apply for the above course. I enclose a cheque (payable to 'SAAD') for the two day course including lunch and refreshments.

*SAAD members* £510

*I am not a SAAD member* £540  
*I understand this includes one year's free membership of the society.*

### **Please complete in block capitals**

Dr / Mr / Mrs/ Miss / Ms

Last name:..... First name:.....

Qualifications: ..... Year of first qualification.....

GDC / GMC Registration No:..... NHS Performer number.....

Home Address:..... Work Address:.....

.....

.....

..... Postcode..... Postcode.....

Telephone: Surgery ..... Home:.....

Fax:..... Email:.....

Mobile:.....

I confirm that I have undergone practical BLS practice within the last six months No.... Yes....

Signature of Applicant: ..... Date:.....