



**National Course in Conscious Sedation for Dentistry**

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

**Inhalation Sedation Course  
Therapists/Hygienists  
6<sup>th</sup> & 7<sup>th</sup> November 2010**

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.

**Course fees** **£510**  
*I understand this includes one year's free membership of the society.*

**Please complete in Block capitals**

Mr / Mrs/ Miss / Ms

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

Qualifications: ..... GDC registration No:.....

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

.....

.....

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

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

Email: ..... Mobile:.....

**I would like to be put on the next available course if this course is full No..... Yes.....**

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