John Flutter Dental
Orthodontics without braces

2012 SCHEDULED PROFESSIONALS' COURSES

COURSE REGISTRATION FORM

☐ BIOBLOC 25th & 26th February	☐ BIOBLOC 2nd & 3rd June
☐ BENT WIRE SYSTEM 5th & 6th May	☐ BIOBLOC/BWS 18th & 19th August (CANCELLED)

*Complete one registration form per course *Separate forms required if splitting payment between attendees

PRACTICE DETAILS

PRACTICE NAME	
ADDRESS	
MAIN CONTACT	
PHONE	MOBILE
EMAIL	

PAYMENT DETAILS

COURSE FEES	☐ $2,500 1 x Practitioner	☐ $5,000 2 x Practitioners	☐ $7,500 3 x Practitioners	PLUS $200 PER ASSISTANT ☐ x Assistants
METHOD	☐ Visa	☐ MasterCard	☐ Cheque	☐ Direct Deposit
CARD NUMBER	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐		EXPIRY	☐☐ / ☐☐
NAME ON CARD				
SIGNATURE		DATE		
DEPOSIT & PAYMENT	A $200 deposit will be debited on receipt of registration to secure the booking. This is non refundable for cancellations within 14 days of course commencement. The remaining balance will be processed **2 weeks prior** to the registered course dates.			
CHEQUE	Please make cheques payable to "John Flutter Dental Pty Ltd"			
DIRECT DEPOSIT	A/C John Flutter Dental P/L	BSB 034-010	A/C 231190	REF Your Practice

ATTENDEE 1 DETAILS (DENTIST/ PRACTITIONER)   COST $2,500

TITLE	☐ Dr	☐ Mr	☐ Mrs	☐ Ms	☐ Miss
FULL NAME					
ADDRESS					
MOBILE		EMAIL			
POSITION HELD					
DIETARY	☐ Full cream milk	☐ Trim milk	☐ Skim milk	☐ Soy milk
REQUIREMENTS	☐ Gluten free	☐ Whole meal	☐ Multi grain	☐ Vegetarian
FOOD ALLERGIES	☐ Seafood	☐ Nuts	☐ Egg	☐ Dairy
OTHER/ SPECIFY				

Email **enquiries@jfdental.com**   Phone 07 **3852 3555**

2012 SCHEDULED PROFESSIONALS' COURSES — ADDITIONAL ATTENDEES

ATTENDEE 2 DETAILS ☐ PRACTITIONER COST $2,500 ☐ ASSISTANT COST $200

TITLE	☐ Dr	☐ Mr	☐ Mrs	☐ Ms	☐ Miss
FULL NAME					
ADDRESS					
MOBILE		EMAIL			
POSITION HELD					
DIETARY	☐ Full cream milk	☐ Trim milk	☐ Skim milk	☐ Soy milk	
REQUIREMENTS	☐ Gluten free	☐ Whole meal	☐ Multi grain	☐ Vegetarian	
FOOD ALLERGIES	☐ Seafood	☐ Nuts	☐ Egg	☐ Dairy	
OTHER/ SPECIFY					

ATTENDEE 3 DETAILS ☐ PRACTITIONER COST $2,500 ☐ ASSISTANT COST $200

TITLE	☐ Dr	☐ Mr	☐ Mrs	☐ Ms	☐ Miss
FULL NAME					
ADDRESS					
MOBILE		EMAIL			
POSITION HELD					
DIETARY	☐ Full cream milk	☐ Trim milk	☐ Skim milk	☐ Soy milk	
REQUIREMENTS	☐ Gluten free	☐ Whole meal	☐ Multi grain	☐ Vegetarian	
FOOD ALLERGIES	☐ Seafood	☐ Nuts	☐ Egg	☐ Dairy	
OTHER/ SPECIFY					

ATTENDEE 4 DETAILS ☐ PRACTITIONER COST $2,500 ☐ ASSISTANT COST $200

TITLE	☐ Dr	☐ Mr	☐ Mrs	☐ Ms	☐ Miss
FULL NAME					
ADDRESS					
MOBILE		EMAIL			
POSITION HELD					
DIETARY	☐ Full cream milk	☐ Trim milk	☐ Skim milk	☐ Soy milk	
REQUIREMENTS	☐ Gluten free	☐ Whole meal	☐ Multi grain	☐ Vegetarian	
FOOD ALLERGIES	☐ Seafood	☐ Nuts	☐ Egg	☐ Dairy	
OTHER/ SPECIFY					

RETURN REGISTRATION

Course Coordinator: Amy Chadjinicolis   **Email:** enquiries@jfdental.com

Fax: 3852 3777   **Post:** 117 Warry Street, Fortitude Valley QLD 4006

Email **enquiries@jfdental.com**   Phone **07 3852 3555**