

• CPD ACCREDITATION NO: MDB014/217/02/2010 (COLLEGES OF MEDICINE OF SOUTH AFRICA) • 3 CPD points per issue • Level: 2

NAME: ..... HPCSA NO: ..... ADDRESS: ..... ..... CODE..... TEL:..... FAX:..... EMAIL: .....	<b>FEES:</b> <ul style="list-style-type: none"> <li>• R76,00 (incl VAT) per questionnaire</li> <li>• Participants may pay the fee with each submission or pay in full for the year and <b>RECEIVE A 25% DISCOUNT: R342.00 (incl VAT)</b> (normal fee R456,00)</li> <li>• Cheques to be made payable to Dentistry South Africa and posted to PO Box 76021, Wendywood 2144</li> <li>• Direct Deposit: Standard Bank, Sandton City Branch Code: 01-81-05 Account No: 021 563 683 <b>(NB: Please use name as reference)</b></li> </ul>
---	--

Completed Questionnaires may be faxed to (011) 468-1162 or posted to CPD Programme, PO BOX 76021, Wendywood 2144

**Please note: REGISTERED MAIL WILL NOT BE ACCEPTED**  
Enquiries: Tel: (011) 468-1448

**12.1.1 JANUARY/FEBRUARY 2010**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.1.2**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.2.1 MARCH/APRIL 2010**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.2.2**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.3.1 MAY/JUNE 2010**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.3.2**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.4.1 JULY/AUGUST 2010**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.4.2**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.5.1 SEPTEMBER/OCTOBER 2010**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.5.2**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.6.1 NOVEMBER/DECEMBER 2010**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**12.6.2**

	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**IMPORTANT NOTICE:**

• REGISTERED MAIL WILL NOT BE ACCEPTED

• PARTICIPANTS MAY USE A SINGLE SHEET TO COMPLETE ALL SIX QUESTIONNAIRES

• NO QUESTIONNAIRE WILL BE PROCESSED WITHOUT PAYMENT