

• CPD ACCREDITATION NO: MBD014/154/03/2009 (COLLEGES OF MEDICINE OF SOUTH AFRICA) • 3 CPD points per issue • Category: 3a

NAME: HPCSA NO: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ADDRESS: CODE..... TEL: FAX: EMAIL:									FEES: • R76,00 (incl VAT) per questionnaire • Participants may pay the fee with each submission or pay in full for the year and RECEIVE A 25% DISCOUNT: R342.00 (incl VAT) (normal fee R456,00) • Cheques to be made payable to Dentistry South Africa and posted to PO Box 76021, Wendywood 2144 • Direct Deposit: Standard Bank, Sandton City Branch Code: 01-81-05 Account No: 021 563 683 (NB: Please use name as reference)

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

11.1.1 JANUARY/FEBRUARY 2009

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11.4.2 JULY/AUGUST 2009

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IMPORTANT NOTICE:

• REGISTERED MAIL WILL NOT BE ACCEPTED

11.2.1 MARCH/APRIL 2009

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11.5.1 SEPTEMBER/OCTOBER 2009

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

11.3.1 MAY/JUNE 2009

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11.6.1 NOVEMBER/DECEMBER 2009

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• NO QUESTIONNAIRE WILL BE PROCESSED WITHOUT PAYMENT