

NZDA Certificate in Dental Assisting

Expression of Interest

I am interested in undertaking the NZDA Certificate in Dental Assisting Course for 2011.

I understand that this is an expression of interest only and not an enrolment.

Please fill in the following form and return to NZDA. This will place me on the mailing list to receive registration information from NZDA for the Certificate in Dental Assisting.

Applicants Name

Practice Name

Practice Physical Address

Post Code:

Practice Postal Address

Post Code:

Work Phone Number ()

Home Phone Number ()

Work Email Address

Home Email Address

Employer (NZDA Member's Name)

Where did you hear about the Certificate in Dental Assisting?

Conference

Friend

Advertising

Dentist/Employer

Comments

For our records, please indicate what courses you would be interested in attending if offered by NZDA.

Practice Management

Radiography

Infection Control

Patient Communication

Other

Phone (09) 579 8001
Fax (09) 580 0010

New Zealand Dental Association
PO Box 28084
Remuera 1541
Auckland

Sophia@nzda.org.nz
Roz@nzda.org.nz

www.nzda.org.nz