

number 16

Study Club Registration form 2015-16

*Name: _____

*Email Address: _____

*Contact Phone No. _____

Dental Council Reg. No. (if known) _____

[* indicates required field]

Please indicate your preferred method of payment:

- Cheque (Please make cheques payable to 'Dr. Barry Dace', and send to the address below)
- Paypal (We will send you a link by email to complete payment by Paypal)
- Credit Card (Call us on 01 202 8900 to process your card details)
- Cash (to be paid on the first night, or can be dropped in to the address below, in advance)

Please call us on **01 202 8900** if you have any questions about registration. After completion of this form, then please return by email to info@number16.ie

Or return by post to:

Dr. Barry Dace
Number 16 Periodontics
16 Woodbine Road, Booterstown
Blackrock
Co. Dublin