



الجمعية الطبية العمانية  
Oman Medical Association

الرابطة العمانية لطب الأسنان  
Oman Dental Society



# 15<sup>th</sup> Oman Dental Conference

## Pre-conference workshop registration form

Dr.  Mr.  Ms.  Male  Female

Full Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Fax No: \_\_\_\_\_

ODS/GDA Member: **No** **Yes** ODS/GDA No: \_\_\_\_\_

Workshops	
Workshop Title	Please indication which workshop you are interested to attended
<i>Fixed orthodontics at a glance</i>	
<i>Small is beautiful – a look at invasive dentistry</i>	
<i>Introduction to pro - Taper Universal</i>	
<i>Reconstructive Dentistry using dental Implant</i>	
<i>Dental Auxiliaries Workshop</i>	

Registration must be accompanied by full payment. Please make your bank Draft/Cheaque, payable to Oman Dental Society or bank transfer to:

**Bank Name:** Bank Muscat

**Account Name:** Oman Dental Society

**Account No.:** 0035 - 60004 - 0081010

**Swift code** BMUSOMRXXXX

**BankBranch** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Deposit.Date:** \_\_\_\_\_ **AccountName:** \_\_\_\_\_  
**Account No.:** \_\_\_\_\_ please fax Registration Form: +96824696463

**Please note that seats are limited**

For more information please visit our website at [www.oman-dental.org](http://www.oman-dental.org) or call Tel: +96895769039

Email: [odc2008@oman-dental.org](mailto:odc2008@oman-dental.org)