



OPG Licencing Course

With Dr Paul Monsour

In conjunction with *Dentistry under the Sun*,
Dr Paul Monsour (Oral & Maxillofacial Radiologist)
will present an OPG Licencing Course.

This course will cater for a limited number of registrants only and is a special offer at a reduced cost to 2007 Dentistry under the Sun delegates.

The course will be open only to delegates who take out full conference registration. This course enrolment form **MUST** be completed to enroll in the course. Enrolments are accepted strictly on a 'first-in' basis. Course enrolments close when course is full (please check website). It is suggested you book asap.

Dentists, dental specialists and hygienists/therapists wishing to satisfy the requirements of Queensland Health in order to apply for an extra-oral x-ray use licence may apply. (Note that it is a legal requirement to have the appropriate licence for use of extra-oral x-ray equipment).

The course will consist of a **full Friday afternoon of lectures and tutorials**, followed by an **examination on the Saturday morning**.

The successful candidates will be awarded a statement of competency, which will allow them to apply for an extra-oral use licence from Radiation Health (Qld).

COST - DENTISTS* - \$550.00 (incl GST)
- HYGIENISTS/THERAPISTS* - \$440.00 (incl GST)
 *one representative per practice only due to limited numbers

The course lectures will be presented at the conference venue. Details of the practical venue will be given on enrolment; delegates enrolled in the course will be transported to the practical venue at no additional cost. Afternoon tea will be provided.

See the *Dentistry under the Sun* Registration Booklet for program details
SEPARATE PAYMENT MUST ACCOMPANY THIS ENROLMENT FORM.

Enrolment Form

OPG Licencing Course

Fax to: 07 3252 4488

or

Mail to:

ADA Queensland
 PO Box 611
 Albion DC QLD 4010

Enquiries

Ph: 07 3252 9866

RSVP

Registrations must be received, in writing and with payment.

Please print clearly on this form.

Title:	Name:	Member or Non-Member (please circle)
Year of Graduation:	Special dietary needs?	
Title:	Name:	Member or Non-Member (please circle)
Year of Graduation:	Special dietary needs?	
Practice Name/Organisation:		
Postal Address:		
Work Ph:	Mobile Ph:	
Email:		

Make cheque payable to ADAQ OR

Please debit Mastercard Visa American Express Amount: \$

Card Number: _____ Expiry Date: _____

Card Name: _____ Signature: _____

*See *Dentistry under the Sun* Registration Booklet for terms and conditions.