

Hong Kong Endodontic Society Membership Renewal Form for the Year 2004

Please complete the form below and send a crossed cheque for **HK\$500.00**, made payable to “**Hong Kong Endodontic Society**” to the address below by:

14 February 2004

Dr RPY Ng
Hon Secretary
Conservative Dentistry
3/F., Prince Philip Dental Hospital
34 Hospital Road
Hong Kong

Name: _____

Additional Qualifications since Dec 2002: _____

Daytime Telephone Number(s): _____

Fax Number: _____

Mailing Address: _____

Email Address: _____

Please put a “X” in the box below if you do **NOT** wish to have your name listed in the membership list on the Hong Kong Endodontic Society website

Signature: _____

Date: _____