

Hong Kong Endodontic Society Membership Application Form

Please complete the application form below and send a crossed cheque for **HK\$600.00** (HK\$100.00 as the Joining Fee and HK\$500.00 as the Subscription for the year 2004), made payable to “**Hong Kong Endodontic Society**” to the address below:

Dr RPY Ng (Hon Secretary)
Hong Kong Endodontic Society
c/o Conservative Dentistry
Prince Philip Dental Hospital
3/f., 34 Hospital Road
Hong Kong

Name: _____

Qualifications (Places and Dates): _____

Mailing Address: _____

Daytime Contact Telephone Number(s): _____

Fax Number: _____

Email Address: _____

Type of Practice: Private/Government/Hospital or others _____

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: