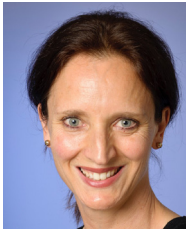


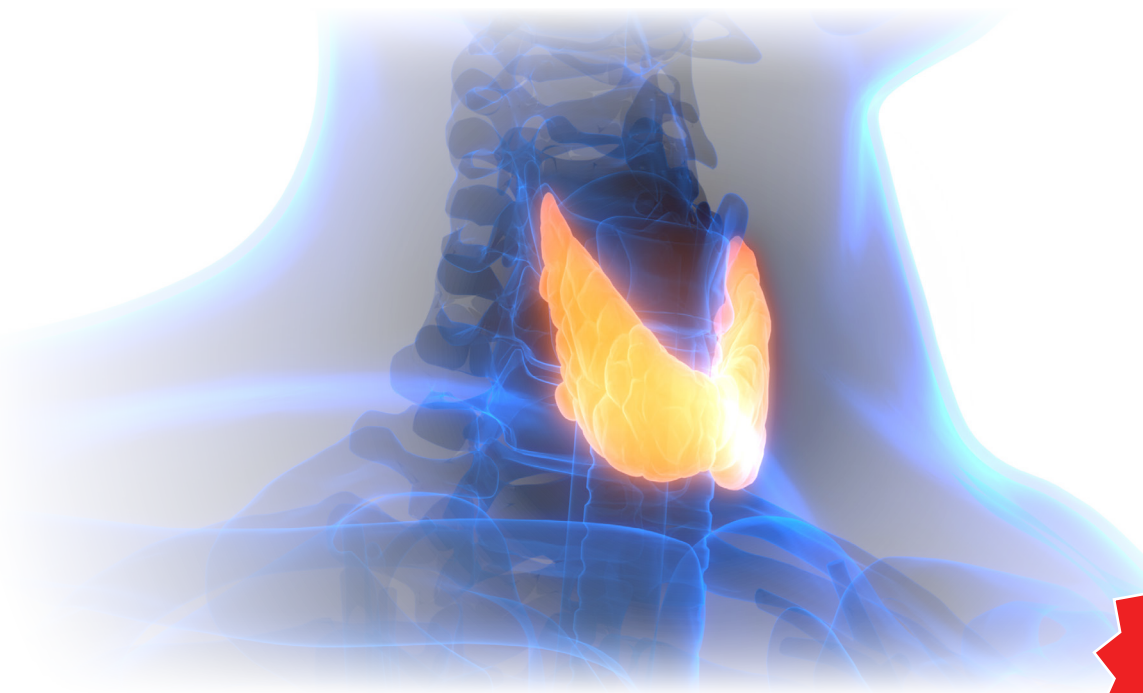
The role of the dental team in management of cancer patients



Topics and abstracts

Dr Sophie Beaumont

- Background on oral and head and neck cancers, incidence, aetiology
- Types of treatment: surgical, radiation, chemotherapy, other therapeutics
- Side effects of head and neck cancer treatment on the oral cavity and dentition
- Ways to manage the side effects and relevance for general dental practice.



**Limit:
50**

Date	Friday 19 June 2020	Fees (GST inclusive) <hr/> ADA member \$180 ADA member – recent graduate \$120 Non-ADA member \$310 Non-ADA member – recent graduate \$180
Time	2:00 pm – 5:00 pm	
Venue	Peter MacCallum Cancer Institute Chaim Salzberg Room (Lecture Theatre A) 305 Grattan Street, Melbourne VIC 3000	
Format	Lecture	
RSVP by	Monday 1 June 2020	

Registration form / tax invoice

ABN 80 263 088 594 ARBN 152 948 680 RED'D ASSOC NO. A0022649E

Please use block letters when filling in your details

PRIMARY REGISTRANT

I am a member of my ADA _____ state branch (specify state branch if not Victorian) Member number I am not an ADAVB member
 Dentist Recent graduate (please circle year: 1st, 2nd, 3rd, 4th, 5th) Student/retired member Other (please specify)

Full name
Phone
Email (Important: Your confirmation and reminder will be sent to this email)
Dietary requirements

SECONDARY REGISTRANT

I am a member of my ADA _____ state branch (specify state branch if not Victorian) Member number I am not an ADAVB member
 Dentist Recent graduate (please circle year: 1st, 2nd, 3rd, 4th, 5th) Student/retired member Other (please specify)

Full name
Phone
Email (Important: Your confirmation and reminder will be sent to this email)
Dietary requirements

PLEASE ENROL ME IN

Course name	Course date	Course fee	Accompanying staff fee	Total fee
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL (inc GST) \$				<input type="text"/>

PLEASE NOTE: Your registration for these events indicates acceptance of ADAVB's Terms and Conditions and Cancellation Policy. Make a copy of this registration form and maintain it for your records.

PAYMENT DETAILS

CHEQUE (made payable to ADAVB Inc) CARD: MasterCard Visa American Express Voucher Number

Card number Expiry Date /
Cardholder name
Date / /
Signature

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