



جمعية أطباء الفم والأسنان البحرينية  
BAHRAIN DENTAL SOCIETY

# First Bahrain Dental Society Symposium

Dear Colleagues,

On **Tuesday 22<sup>nd</sup> of June 2010** at **8pm** the Bahrain Dental Society will introduce a new platform for both a scientific and social activity to the Bahraini dental community.

All Dentists and Professionals Allied to Dentistry (Hygienists, Dental Assistants, Nurses, Technicians, and Radiographers etc.) are cordially invited to a small symposium which includes a lecture and a friendly debate at the **Diplomat Radisson Blu Hotel, Residence and Spa**. The symposium is kindly sponsored by the **Abdulla Al-Owjan Company**.

The chosen topics will be of immense interest to all dental professionals and has **1.5 hours accredited Continuous Professional Development (CPD) Points**. Hopefully this symposium will be a fun platform that will shed some light on current best clinical practice.

Hope to see you all there,

Kindest Regards,

**Mohammed A. Al-Muharraqi**

MBChB (Dnd.), BDS (Dnd.), MDS (Dnd.), MRCS (Glas.), FFD RCS (Irel.), MFDS RCS (Eng.)  
Chairman of the Scientific Committee and Elected Board Member  
Consultant Maxillo Facial Surgeon and Oral Physician  
The Bahrain Dental Society



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## Symposium Registration Form

**Course:** Bahrain Dental Society Symposium

Tuesday 22<sup>nd</sup> June 2010

08:00pm to 09:30pm

P.O. Box 25161

Manama

Kingdom of Bahrain

**Enquiries:** Tel: +973 17 723 767

Fax: +973 17 729 616

**Fees:** **Free of Charge** – Bahrain Dental Society Members and Dental Students  
**10 Bahraini Dinars (BD)** – Professional Allied to Dentistry (Non Members)

**20 Bahraini Dinars (BD)** – Dentist/Doctor (Non Members)

Fill the form below and return it to us by either fax to: +973 17 729 616 or scan and e-mail to: [bahrain.dental.society@gmail.com](mailto:bahrain.dental.society@gmail.com) or [bahds@batelco.com.bh](mailto:bahds@batelco.com.bh)

### Personal Data

Please fill in form using block letters only. Your name will be printed on the certificate

Name

First name

Address

Zip code City

City

Country

Phone

Fax

e-mail

Date

Signature