



## **SRRDG Membership form**

Title

Surname

First name

Position/Grade

NHS or Academic trainee

Hospital(s)

Hospital address

E-mail address

Telephone number

Professional qualification(s) and date(s)

Date of entry to grade (DD/MM/YY)

Estimated date of award of CST/CCST (DD/MM/YY)

Please tick the appropriate box

I am a Restorative Dentistry trainee and I have enclosed a cheque for £75

I am a specialist trainee in Periodontics/ Endodontics/ Prosthodontic (\*please delete as appropriate) and I have enclosed a cheque for £40

Please return to the current 1<sup>st</sup>/2<sup>nd</sup> year representative for the SRRDG:

For 2010-2011 this is:

Mr Kushal Gadhia  
Specialty Registrar in Restorative Dentistry  
Department of Restorative Dentistry  
Eastman Dental Hospital  
256 Gray's Inn Road  
London  
WC1X 8LD