

Participation form

Name _____ Speciality _____ Superspeciality _____

Title _____ . Place of work _____ .

Full address _____ .

Phone number _____ . Mobile number _____ . e-mail _____ .

Participation type: with a scientific paper. without a scientific paper.

Title of research paper _____
_____ .

Form should be submitted to the scientific committee before 31st Dec 2008.

5th Libyan Dental conference and 6th Dental expo.