



[Request for an Oral Health Information Session](#)

Thank you for your interest and contacting us about providing Oral health education. Please complete the form below and return it to us by either e-mail, fax or post. We will contact you within two weeks of receipt to advise you of the time and date of the session.

Required Title	Required Information
Organisation name*	
Contact of Person's name*	
Contact Number*	
Venue Address*	
E-mail Address	
Preferred Date*	
Start time & Length of Session*	
Subject of Presentation (if a specific topic is required)*	
Number of People Expected*	
Age Group of Persons*	
Cultural Background of Persons*	
Additional Information	

*required information

Please return the completed form to Dr S.Ajwani, via e-mail, shilpi.ajwani@sswahs.nsw.gov.au or fax (02) 92933488; or, by post to the Oral Health Promotional Department, Sydney Dental Hospital, 2 Chalmers Street, Surry Hills, NSW, 2010. If you have any questions in relation to this form, please call 9293 3466.