



# South East Asia Association for Dental Education

## SEAADE Council 2006-2008

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November 10, 2006

Dear Dean of SEAADE Institutional Member,

### Institutional Membership Renewal Notice 2007 to 2008

Greetings. Thank you for your interest and for being a valuable SEAADE Institutional Member.

The SEAADE Membership Subscription for Financial Year 2007-2008 commencing in January 2007 is now **√ due for collection (November)**

- overdue – 1<sup>st</sup> reminder (February)
- overdue – 2<sup>nd</sup> reminder (May)

The **SEAADE Institutional Bi-annual Membership subscription is US\$200**. Payment should be made in US\$ only by cheque, bank draft or cashier's order payable to **SEAADE 1995**.

By constitution, the main benefits extending to Institutional Members are as outlined below:

- institutions are offered complimentary consultation under the Peer Visitation Program
- institution members are eligible for election to serve in the SEAADE council
- institution members are given waiver of US\$100 for SEAADE symposium registration
- institution members are provided with staff privileges

Further information could be obtained from our SEAADE website at [www.seaade.org](http://www.seaade.org)

Please return the form below together with the subscription fee or receipt of telegraphic transfer to:

Dr W. Keung Leung  
Honorary Treasurer, SEAADE 2006-2008  
c/o Periodontology, Faculty of Dentistry  
The University of Hong Kong  
Prince Philip Dental Hospital  
34 Hospital Road, Hong Kong SAR, China  
Tel No.: (852) 2859 0417 Fax No: (852) 2858 7874  
E-mail: ewkleung@hkucc.hku.hk

<u>Telegraphic Transfer information from overseas</u>
Name of Bank: DBS (Development Bank of Singapore) 6 Shenton Way DBS Building Tower 2 Singapore 068809
Bank Sort Code: Swift code: DBSSSGSG
Account Number: 032-0056881
Account Name: SEAADE 1995

### Membership Renewal Form

Please find enclosed cheque / bank draft / cashier's order / cash / receipt of telegraphic transfer towards the renewal of the SEAADE Institutional Membership:

US\$ 200 for the years: 2007 and 2008

Name of Institution: \_\_\_\_\_

Name & Position of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### SEAADE Secretariat

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Faculty of Dentistry  
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#### Hon Treasurer

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