

The Cochrane Collaboration:

Oral Health Group

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REGISTERING WITH THE COCHRANE ORAL HEALTH GROUP

Dear Colleague

To register as a member of the Cochrane Oral Health Group (free of charge) please complete the details below and return the form to the address above, by post or by fax, marked for the attention of The Co-ordinator, Cochrane Oral Health Group.

If you know of others who may be interested in joining the group please feel free to photocopy and forward a copy of this form to them for their completion and return.

(Please print your entries clearly)

<u>Last Name</u>		<u>First name/s</u>		<u>Title</u> <small>(Mr; Mrs; Miss; Ms; Dr; Prof)</small>	
Address					
Telephone			Fax		
Email					
<p><u>Participation</u> <i>There are several options for your participation in the Cochrane Oral Health Group. Please tick the appropriate box/es below. We welcome all those interested in supporting the Oral Health Group. Preparing and maintaining systematic reviews is a very time consuming, arduous but rewarding process. We encourage collaboration between members on reviews. Please indicate by ticking the box/es below the option/s that best suits your available time commitment.</i></p>					
Review subject interest:					
I wish to choose a topic and be responsible for carrying out and maintaining a systematic review.					
I am willing to assist others in carrying out and maintaining a systematic review.					
I am willing to be responsible for handsearching a journal retrospectively and prospectively to maintain surveillance of the journal in the future.					
I am willing to become a referee for the Group, my specialist interests are:					
I am willing to offer consumer input commenting on drafts of Cochrane reviews or suggesting questions for review.					
I am unable to make a practical commitment to the Oral Health Group at the present time but would like to remain on the mailing list to be kept informed of the Group's activities.					