

The Cochrane Collaboration: Oral Health Group

Professor W C Shaw: Co-ordinating Editor
Professor H Worthington: Co-ordinating Editor
Mrs Luisa Fernandez: Group Co-ordinator
Mr Philip Riley: Administrator
Mrs Sylvia Bickley: Trials Search Co-ordinator



The Cochrane Oral Health Group, Manchester Dental Education Centre, School of Dentistry
The University of Manchester, Higher Cambridge Street, Manchester M15 6FH UK
Tel: 0161 275 7819 (+44 161 275 7819) Fax: 0161 275 7815 (+44 161 275 7815)
Email: Luisa.Fernandez@manchester.ac.uk

REGISTERING AS A CONSUMER WITH THE COCHRANE ORAL HEALTH GROUP

Dear Colleague

To register as a consumer for the Cochrane Oral Health Group please complete the details below and return the form to the address above, by post, fax or email, 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>
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