

The Cochrane Collaboration: Oral Health Group

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REGISTERING AS A REFEREE WITH THE COCHRANE ORAL HEALTH GROUP

Dear Colleague

To register as a referee 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 Group 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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