



## Membership of Scandinavian Society of Prosthetic Dentistry

- Please complete the form and send it by mail to the secretary of SSPD
- or
- fill in electronically and attach the file to an email to [camilla.ahlgren@mah.se](mailto:camilla.ahlgren@mah.se)

### APPLICATION FORM

Occupation	
First name	
Surname	
Institution	
Address	
Postal code / City	
Country	
Telephone	
Mobile	
E-mail (1)	
E-mail (2)	