The College of
Dental Surgeons
of Saskatchewan

CDSS Councilor / Committee member information

Name: _____

Address: _____ _____

Town/City: _____

Postal Code: _____

Date of Birth: _____

Email: _____

Mobile Phone: _____ Business Phone: _____

Emergency contact name and phone number(s) _____

Alternate emergency contact name and phone number: _____

Dietary restrictions: _____

Allergies: _____

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