



REGISTRATION FORM – 2020 MASTER CUP (PAGE 1/3)

CONTACT INFORMATION

First name	
Last name	
Personal address	
Personal phone number	
Email address	
Your Professional Title	<input type="checkbox"/> Dental technician <input type="checkbox"/> Denturist <input type="checkbox"/> Dentist <input type="checkbox"/> Other If other, please specify: _____
Your Professional Certifications	
Which social media do you use?	<input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> Other: _____
Have you ever tried our products/solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUSINESS INFORMATION

Company name: _____	
You are	<input type="checkbox"/> An employee <input type="checkbox"/> A business owner <input type="checkbox"/> Other If other, please specify _____
Type of company	<input type="checkbox"/> Dental Lab <input type="checkbox"/> Dental Clinic <input type="checkbox"/> Other If other, please specify _____
Company phone number	
Company general email	
Registered company address	



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WHY YOU?

In your opinion, why should you be chosen to be a participant in this contest? – 300 to 500 words maximum

BIOGRAPHY

Write a short biography of your professional experience – 300 to 500 words maximum



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PAST CASES DESCRIPTIONS

For your registration, you must provide us with pictures of 2 past cases and describe those cases.

Description of your case #1:

Description of your case #2:

REMINDER

Remember to provide us with these pictures:

☐ Picture of yourself (high resolution)

☐ Pictures of your 2 past cases

I am available between June 18 and June 21, 2020 to come to Quebec City, Canada (transport and accommodation paid by Panthera Dental):

☐ I am available

SIGNATURE

Signature

Date

Please submit this form and your pictures directly to:
mastercup@pantheradental.com