

SIG POSTER PRESENTATION APPLICATION FORM Metropole Hotel, Llandridnod Wells Friday 3rd October 2025

THIS FORM MUST BE SUBMITTED BY Thursday 4th September 2025 BY EMAIL

conference@sigwales.org

Title of Poster	
Category (please mark the relevant box) Dentist DCP	
Author(s)	
Name of author(s) attending conference	
Employing Trust (related to the project/audit/service initiative)	
Email address of lead author:	
Abstract (Maximum 250 words):	