**DeStCo Art**

Form required to be completed by candidates

Candidate Details:

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Address |  |
| Email |  |
| Telephone |  |
| Email |  |

Candidate Dental Institute

|  |  |
| --- | --- |
| Name of Dental Institute |  |
| Year of study |  |
| City |  |
| Country |  |

Image detail

|  |  |
| --- | --- |
| Name image |  |
| Format used |  |
| Size |  |
| Additional information (If Capable) |  |

By signing and emailing this form to us with other attached documents or images, you agree to UKDentalCourses terms and conditions fully. In case you are not happy you need to inform us in written form.

Candidate’s signature

|  |  |
| --- | --- |
| Date |  |
| Signature |  |

Please send the completed forms with your image to destcoart@ukdentalcourses.com