

Train yourself to use the PUL!



To best determine the training that suits you,
please send us the following questionnaire completed.

OFFICE or LABORATORY NAME: _____ EMAIL: = _____

CLINICAL TRAINING

You are a Doctor, dental assistant...

TECHNICAL TRAINING

You are prothesist, office technician...



Tick the box that suit you
Then complete the relevant column



Have you ever been clinically trained in PUL?

- Conference / Lecture (place & date)

- FREE clinical E-learning at
www.pulconcept.com
- Symposium PUL (year)

- Days spent in Dr Callabe's practice (date)

Are you currently manufacturing the PUL in your practice?

yes no

Comment: _____

You have a laboratory:

- Inside your practice
- Outside (name) : _____

Has the laboratory staff above ever been technically trained?

- Technical e-learning, offered for purchase of an introduction kit (completion date)

- Training in our offices: update, development (date & training name)

I wish:

- To train myself to use the PUL
- To train my laboratory staff to use the PUL

Comment: _____

Have you ever been technically trained in PUL?

- Technical e-learning, offered for purchase of an introduction kit (completion date)

- Training in our offices: update, development... (date&training name)

Have you ever been clinically trained in PUL?

- Conference / Lecture (place & date)

- FREE clinical E-learning at
www.pulconcept.com
- Symposium PUL (year)

- Days spent in Dr Callabe's practice (date)

Are you currently manufacturing the PUL in your laboratory?

Comment: _____

I wish:

- To train my laboratory staff to use the PUL
- To train my practitioner's customers to use the PUL

Comment: _____

Questionnaire to be returned by mail to:

contact@pulconcept.com

Mentioning your details in the
body of the message