

# Registration form

*Free dentures for the  
victims of  
domestic violence*



## To rebuild a smile and self-confidence.

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Our laboratory, in collaboration with organizations working with victims of domestic violence, wishes to offer 1 or 2 dental prostheses to those who need them.

All this information will remain confidential (the name of the person to be helped can be fictitious)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name and address of the organization to receive the kit, then the dentures, which they can then forward to the individual.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dentures are free exclusively for victims of domestic violence referred by a recognized agency working in this field.

Declaration:

As the person in charge of the above mentioned organization, I know the person who is making the request to receive 1 or 2 free dentures and who is a beneficiary of our organization.

Done at \_\_\_\_\_, on \_\_\_\_\_

Signature: \_\_\_\_\_

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Mail this form to:



Apprententeeth  
CP 23212 C.P. des Boulevards, Laval (Quebec) H7N 6K1 Canada

Or by email to: [info@apprententeeth.com](mailto:info@apprententeeth.com)