

# International Dental Congress 2009 Registration Form

**Sheraton Toronto Airport Hotel & Conference Centre • October 2-3, 2009**

ADVANCED REGISTRATIONS DUE BY SEPTEMBER 21, 2009, 4:30pm EST

*(Please complete sections A – D)*

**Fax Completed form to: 905.489.1971**

Mail form and Payment to:

International Dental Congress • 34 – 145 Royal Crest Court, Markham, ON, L3R 9Z4

Questions? Please call 905.258.0363 or toll-free 1.877.683.0207

Present – August 21, 2009 = \$99.00 + GST = **\$103.95**

August 22 – September 10, 2009 = \$149.00 + GST = **\$156.45**

September 11 – September 21, 2009 = \$169.00 + GST = **\$177.45**

On-site = \$199.00 + GST = **\$208.95**

3 – 5 people (10% Discount) • 6 – 10 people (15% Discount) • 11 – and up (20% Discount)

Please call for student rates!

## A. Contact Information: *(please print)*

*(Y/N)*

1) Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ RDT? \_\_\_\_\_

2) Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ RDT? \_\_\_\_\_

3) Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ RDT? \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ Pro/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## B. Please Circle One:

Dentist                      Dental Technologist                      Orthodontist                      Technician

Hygienist                      Denturist                      Dental Assistant

Other: Please specify: \_\_\_\_\_

## C. I am a Member of: *(circle all that apply)*

ADTO      CACD      CAED      ODA      TIASC      ADT      SADA      OAGD

Other, please specify: \_\_\_\_\_

## D. Payment Information: Amount Owing: \_\_\_\_\_

VISA       MasterCard       American Express       CHQ Number: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Please make cheques payable to the International Dental Congress