

**PLATINUM CORPORATE SPONSOR/ EXHIBITOR REGISTRATION FORM**

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

Mailing Address: \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Email : \_\_\_\_\_ Contact Name: \_\_\_\_\_

2008/2009 Registration Fees:

\$4,000.00 for the combined three meetings if prepaid in full. Registration includes breakfast and two lunches on each day. Additional meals can be purchased at \$50.00 per person. Combined pre-paid Platinum Registrations include first choice of tables at all three meetings\*, a full page color ad in both our Fall and Spring Newsletters, a listing in the TACD website’s sponsor directory, your company name and logo on the homepage the TACD website, your company name and logo on the Frank Spear Handout and two invitations to the Annual Members Only Night Dinner and Lecture at the Vaughan Estate. A waiting/cancellation list will be started once space is sold out. A maximum of 40 exhibitors will be accepted at each meeting. \*Table choices will be granted on a first come/first served basis.

Electrical: please mark if electrical services are required - the fee is \$ 95.00 for each seminar.

Electrical Sem#1 \_\_\_\_\_ Sem #2 \_\_\_\_\_ Sem#3 \_\_\_\_\_

Seminar registration fee: \_\_\_\_\_

Electrical services fees: \_\_\_\_\_

Total payment: \_\_\_\_\_

Please complete form and mail to address below with a cheque made payable to:  
TACD c/o Nifette Khaled  
1328 Stanbury Rd. Oakville, On L6L 2J4 or Fax with visa # to 905-827-6638

Visa/Mastercard # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card \_\_\_\_\_

Please select a meal option and place number beside each registrant’s name. If no option is chosen, meat will be served.

1. MEAT            2. VEGETARIAN            3. FRUIT PLAT            4. KOSHER            5. FISH

Seminar 1 - September 19 & 20/08  
Dr. Frank Spear

Seminar 2 - Feb. 6/09  
Dr. Sonia Leziy &  
Dr. Brahm Miller

Seminar 3 - May 8/09  
Dr. Paul Homoly

	Buffet Lunch	Meal Option #	Meal Option #
Rep Name _____	_____	_____	_____
Rep Name _____	_____	_____	_____
Rep Name _____	_____	_____	_____