

T.A.C.D. MEMBERSHIP APPLICATION & REGISTRATION FORM



THE TORONTO ACADEMY OF
COSMETIC DENTISTRY

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TACD MEMBERSHIP

Automatically become a TACD Member by registering for any two or all three programs in the current 2008/2009 seminar schedule. Members enjoy all benefits of membership described in this flyer including the Members Only Night Dinner & Lecture at the Vaughan Estate, Study Club Meeting #1 & Study Club Meeting #2, the High Tech Day and full TACD Library borrowing privileges. (No additional dues or fees are charged). Or you may choose to register for any one program at a time without becoming a member.

FEE STRUCTURE

- PROGRAM 1 DR. FRANK SPEAR TWO DAYS | \$850.00 (Dentists, RDTs & New Grads) \$349.00 (Staff)**
- PROGRAM 2 DR. SONIA LEZIY & DR. GRAHAM MILLER | \$325.00 (Dentists) \$225.00 (RDTs), \$95.00 (Staff), \$300 (*New Grad)**
- PROGRAM 3 DR. PAUL HOMOLY | \$325.00 (Dentists), \$225.00 (RDTs), \$95.00 (Staff), \$300 (*New Grad)**

*New grads are students who have graduated in the years 2008, 2007 or 2006. A photocopy of your certificate must be mailed or faxed in to the TACD with your registration.

PROGRAM 1

DR. FRANK SPEAR
SEPTEMBER 19, 20 2008
BUFFET LUNCH ON BOTH DAYS

Doctor _____
Staff _____
Staff _____
Staff _____

PROGRAM 2

DR. SONIA LEZIY & DR. BRAHM MILLER
FEBRUARY 6, 2009

	MEAL OPTION
Doctor _____	<input type="checkbox"/>
Staff _____	<input type="checkbox"/>
Staff _____	<input type="checkbox"/>
Staff _____	<input type="checkbox"/>

PROGRAM 3

DR. PAUL HOMOLY
MAY 8, 2009

	MEAL OPTION
Doctor _____	<input type="checkbox"/>
Staff _____	<input type="checkbox"/>
Staff _____	<input type="checkbox"/>
Staff _____	<input type="checkbox"/>

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

- 1 MEAT(NOT PORK) 2 VEGETERIAN 3 FRUIT PLATE 4 KOSHER 5 FISH

PLEASE CLEARLY PRINT NAMES AS THEY SHOULD APPEAR ON NAME BADGES. PLEASE USE INK FOR FAX LEGIBILITY. IF MORE SPACE IS REQUIRED, PLEASE USE A SEPARATE SHEET OF PAPER.

Please include your email address for News Updates and Course Reminders.

Name: _____

Address(in full): _____

CITY

PROVINCE

POSTAL CODE

Phone: () _____ Fax: () _____

Email Address: _____

Please include your email for News Updates & Course Reminders!

My payment for _____ is enclosed payable to the Toronto Academy of Cosmetic Dentistry OR

VISA M/CARD _____ Expiry: _____ / _____

Signature: _____

Mail to: **T.A.C.D. c/o Nifette Khaled, 1328 Stanbury Rd., Oakville, ON L6L 2J4**

Fax to: **(905) 827-6638** or register online at **www.tacd-online.com** or TACD E-mail: **nkhaled@aol.com**