

# The Toronto Academy of Cosmetic Dentistry Membership Application and Registration Form

Automatically become a TACD member by registering for any two or all three programs in the current 2009-2010 seminar schedule. Members enjoy all of the benefits of membership described on page two of this publication, including Members Only Night Dinner and Lecture, TACD Study Club Nights 1 and 2, and the November 20, 2009 Hands On Event. No additional fees are charged for the above-mentioned events.

Membership Option #1 (for Dentists & RDTs ) \$900.00 - Includes all 3 full day seminars, Members Only Night Dinner & Lecture, Two Study Club Meetings and One Hands On Event.

Membership Option #2 (for Dentists & RDTs) \$650.00 - Includes 2 full day seminars of your choice, Members Only Night Dinner & Lecture, Two Study Club Meetings and One Hands On Event.

Any One Program for Dentists & RDTs: \$325.00

Office Staff Accompanying Registered Dentist or RDT: \$95.00 per program, per person.

Reduced Membership Fees for New Graduates: Any dentist or RDT graduating in the years 2007 / 2008 / 2009 will receive 3 meetings for the price of 2 - \$650.00 Includes all 3 full day seminars, Members Only Night Dinner & Lecture, Two Study Club Meetings, and One Hands On Event. (Please send in a copy of your diploma with your registration form and payment).



<p><b>October 30, 2009</b> <b><i>Occlusion for the Aesthetic Restorative Practice</i></b> <b>Dr. John C. Cranham</b></p>	<p><b>February 5, 2010</b> <b><i>The Bullet Proof Guide to Success in 2010</i></b> <b>Dr. Steven Rasner</b></p>	<p><b>May 28, 2010</b> <b><i>Functional Occlusion: Science Driven Management</i></b> <b>Dr. John Kois</b></p>
Meal Option	Meal Option	Meal Option
Doctor _____ <input type="checkbox"/>	Doctor _____ <input type="checkbox"/>	Doctor _____ <input type="checkbox"/>
Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>
Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>
Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>
Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>	Staff _____ <input type="checkbox"/>

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

- 1 Meat (not pork)  
  2 Vegetarian  
  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 for extra staff members, please use a separate sheet of paper.

Name \_\_\_\_\_

Address (in full) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Email Address \_\_\_\_\_ PLEASE INCLUDE FOR NEW UPDATES AND COURSE REMINDERS

My Payment for \$ \_\_\_\_\_ Is enclosed payable to the Toronto Academy of Cosmetic Dentistry OR

VISA \_\_\_\_\_  Master Card \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Mail to: TACD c/o Nifette Khaled • 1328 Stanbury Road • Oakville, ON L6L 2J4 • OR FAX or REGISTER ONLINE

The Toronto Academy of Cosmetic Dentistry • Telephone: 416.236.6861 • Fax: 905.827.6638 • Email: Nkhaled@aol.com • www.tacd.ca