

The Toronto Academy of Cosmetic Dentistry

Membership Application and Registration Form

Automatically become a TACD member by registering for 3 full day seminars in the current 2011/2012 seminar schedule.

Members enjoy all of the benefits of membership described on page 7 of this publication, including Members Only Night Dinner and Lecture, 2 Study Club Meetings and 1 Hands On event. No additional fees are charged for the above-mentioned events.

Membership Option No 1 – for Dentists and RDTs: \$1,095 – Includes all 3 full day seminars, Members Only Night Dinner & Lecture, Two Study Club Meetings and One Hands On Event. Members will receive a membership certificate suitable for framing and will enjoy borrowing privileges at the TACD DVD loan library.

Membership Option No 2 – for New Grads only (for any dentist or RDT graduating in the years 2009, 2010, 2011): \$950.00 – Includes all 3 full day seminars, Members Only Night Dinner and lecture, Two Study Club Meetings and One Hands On Event. A photocopy of your diploma must be faxed or mailed with your registration. New grad members will also receive a membership certificate suitable for framing and will enjoy borrowing privileges at the TACD DVD loan library.

Any One Program for Dentists and RDTs: \$425 per meeting

Any One Program for Dental Students: \$150 per meeting

Office Staff Accompanying a Registered Dentist or RDT: \$150 per staff member for up to 4 staff, or \$125 per staff member for 5 staff or more, all registering with a doctor or RDT.

**Please note that there will be a surcharge of \$50 for Kosher meals.

Friday, October 28th, 2011

Dr. Carl Misch

Friday, February 10th, 2012

Dr. David Garber

Friday, May 25th, 2012

Dr. Roger Levin

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

Meal
Option #

Doctor _____

Staff _____

Staff _____

Staff _____

Staff _____

Meal
Option #

Doctor _____

Staff _____

Staff _____

Staff _____

Staff _____

Meal
Option #

Doctor _____

Staff _____

Staff _____

Staff _____

Staff _____

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 _____

(Must include to receive receipts, reminders and updates.) RECEIPTS, REMINDERS AND COURSE UPDATES WILL BE EMAILED ONLY.

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 • Tel: 416.236.6861 • Fax: 905.827.6638 • Email: Nkhaled@aol.com • www.tacd.ca