

**GOLD CORPORATE SPONSOR/ EXHIBITOR REGISTRATION FORM**

Company Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_  
Email : \_\_\_\_\_ Contact Name: \_\_\_\_\_

**2010/2011 Registration Fees:**

\$1,200.00 for each individual Seminar #1(Dr. Dorfman), Seminar #2 (Dr. Fahl), or seminar #3 (Dr. Christensen) OR \$3,000.00 for the combined three meetings if prepaid in full. Registration includes breakfast and two lunches on each day. Additional meals can be purchased at \$75.00 per person. Combined pre-paid Gold Registrations also include a business card size ad in both our Fall and Spring Newsletters, a listing in the directory of the TACD web site www.tacd.ca, and two invitations to the Annual Members Only Night Dinner and Lecture. \*\*Please note that priority will be given to companies who register for all three meetings first. A waiting/cancellation list will be started once space is sold out.

Electrical: please mark if electrical services are required - the fee is \$ 105.00 for each seminar.

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

Seminar registration fee: \_\_\_\_\_  
Electrical services fees: \_\_\_\_\_  
Kosher Meal: \_\_\_\_\_  
Total payment: \_\_\_\_\_

Please complete form and send with a cheque made payable to: The Toronto Academy of Cosmetic Dentistry. Mail to: T.A.C.D. c/o Nifette Khaled 1328 Stanbury Rd. Oakville, On L6L 2J4  
OR please Fax this form with visa or mastercard # 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. Please note that there is a surcharge of \$50 for Kosher Meals (Option No. 4)

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

Seminar 1 - October 29, 2010      Seminar 2 - March 4, 2011      Seminar 3 - May 6th, 2011  
Dr. Bill Dorfman      Dr. Newton Fahl      Dr. Gordon Christensen

	Meal Option #	Meal Option #	Meal Option #
Rep Name _____	_____	_____	_____
Rep Name _____	_____	_____	_____

ADDITIONAL MEAL (not included in Registration Fees):

Rep  
Name \_\_\_\_\_