

PLATINUM CORPORATE SPONSOR/ EXHIBITOR REGISTRATION FORM

Company Name: _____

Full Mailing Address: _____

Postal Code: _____ Telephone #: _____ Fax # _____

Email : _____ Contact Name: _____

2010/2011 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 \$75.00 per person. Combined pre-paid Platinum Registrations include your choice of tables at all three meetings*, a full page color ad in both our Fall and Spring Newsletters, a listing in the TACD web site sponsor directory, your company name, logo and a link to **your** web site on the homepage of the TACD web site www.tacd.ca, your company name and logo on all course Handouts and two invitations to the Annual Members Only Night Dinner and Lecture. A waiting/cancellation list will be started once space is sold out. *Table choices will be granted on a first come/first served basis. (Please note that there is a surcharge of \$50.00 for any Kosher Meals ordered).

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 Meals: _____

Total payment: _____

Please complete form and mail to address below with a cheque made payable to: The Toronto Academy of Cosmetic Dentistry. Mail to TACD c/o Nifette Khaled 1328 Stanbury Rd. Oakville, On L6L 2J4 - OR - 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
Dr. Bill Dorfman

Seminar 2 - March 4, 2011
Dr. Newton Fahl

Seminar 3 -May 6th, 2011
Dr. Gordon Christensen

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

Rep Name _____	_____	_____	_____
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ADDITIONAL MEAL (not included in registration fees):

Rep
Name _____