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# 2018 TODS MEETING

THURSDAY OCTOBER 18 - SATURDAY OCTOBER 20  
DELTA GRAND OKANAGAN RESORT & CONFERENCE CENTRE - KELOWNA, BC

**REGISTER AS AN INDIVIDUAL OR AN OFFICE ONLINE AT [www.todsmeeting.com](http://www.todsmeeting.com)**

EACH REGISTRANT MUST FILL OUT A SEPARATE FORM (ALL INFORMATION IS CONFIDENTIAL & NEVER SHARED, TRADED OR SOLD)

DENTIST     RDH    FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

CDA     DA    ADDRESS: \_\_\_\_\_

OFFICE PERSONNEL    CITY AND PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DENTAL TECHNICIAN/ DENTURIST    E-MAIL : \_\_\_\_\_  
(MUST PROVIDE EMAIL ADDRESS IF ATTENDING A WORKSHOP)

DENTAL THERAPIST    TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Are you a University of British Columbia Dentistry Alumnus? Yes  No   
(Absolutely NO personal information will be shared)

Registrations Must Be Received By: <small>FORMS <u>MUST</u> INCLUDE FORM OF PAYMENT</small>	On or Before Sept 13 Early Rate	Sept 14 - Oct 9 Full Rate	Oct 10 On Site Rate	Amount
<b><u>FULL CONFERENCE REGISTRATION ONLY</u></b>				
DENTIST	\$475	\$525	\$575	\$ _____
REGISTERED DENTAL HYGIENIST, CERTIFIED DENTAL ASSISTANT, DENTAL ASSISTANT, OFFICE PERSONNEL, DENTAL TECHNICIAN, DENTURIST, DENTAL THERAPIST	\$205	\$255	\$305	\$ _____
<b><u>WORKSHOPS</u></b>				
<b>LIMITED ATTENDANCE; PRE-REGISTRATION</b>				
<i>1. Workshops Can Only Be Purchased With Full Conference Registration</i>				
<i>2. Email Addresses Must Be Included If Registering For A Workshop</i>				
**DENTISTS ONLY - Dr. David Landwehr - Endodontics	\$99	\$149	\$199	\$ _____
**RDHs ONLY - Ms. Nancy Dewhirst - Instrument Sharpening	\$55	\$105	\$155	\$ _____
**CDAs ONLY - Ms. Lian Walraven - Provisional Fabrications <small>Three Sessions to Choose From - <u>Please Circle Your Choice:</u></small> <b>Thurs PM    Fri AM    Sat AM</b>	\$125	\$150	\$175	\$ _____
**ALL DENTAL PERSONNEL - HCP CPR - Full Course (Not Re-cert)	\$75	\$85	\$95	\$ _____
<b>GRAND TOTAL</b>				\$ _____

CHEQUE (Cdn\$ ONLY; DO NOT POST DATE!) PAYABLE TO: THOMPSON OKANAGAN DENTAL SOCIETY     VISA     MASTERCARD

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC (3 digits) \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_

RECEIPT MADE OUT TO: \_\_\_\_\_ TOTAL AMOUNT PAID: \_\_\_\_\_

EMAIL ADDRESS TO SEND RECEIPT (PRINT CLEARLY): \_\_\_\_\_

**COMPLETE 2018 TODS MEETING INFORMATION AVAILABLE AT [TODSMEEETING.COM](http://TODSMEEETING.COM)**

OPTIONS TO SUBMIT    1) Mail via Canada Post:    3) DENTAL OFFICES: Use TODS Official Courier!

REGISTRATION FORM:    Alison Hall, TODS Registration Coordinator    Call MTS Logistics Courier Service for Pick-up  
1820 18th St. S.E.    Salmon Arm, B.C. V1E 1L4    Toll-Free 1-888-689-4333 OR in Kelowna (250)861-8623

2) Fax form: TODS Office (250)832-2811    To: 2018 TODS Meeting (address same as option #1)



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