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COMPLETE IF YOU ARE PAYING BY CHEQUE OR NOT A CANADIAN RESIDENT

 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)
 REGISTERED DENTAL THERAPIST TELEPHONE: _____ FAX: _____
 RN Are you a University of British Columbia Dentistry Alumnus? Yes No
(Absolutely NO personal information will be shared)

Registrations Must Be Received By: <i>FORMS <u>MUST</u> INCLUDE FORM OF PAYMENT</i>	On or Before Sept 18 Early Rate	Sept 19 - Oct 11 Full Rate	Oct 11—26 On-site Rate	Amount
FULL CONFERENCE REGISTRATION				
DENTIST	\$495	\$545	\$595	\$ _____
REGISTERED DENTAL HYGIENIST, CERTIFIED DENTAL HYGIENIST, REGISTERED DENTAL THERAPIST, DENTAL ASSISTANT, DENTURIST, OFFICE PERSONNEL, REGISTERED NURSE	\$210	\$260	\$310	\$ _____
WORKSHOPS				
LIMITED ATTENDANCE; PRE-REGISTRATION				
<i>1. Workshops Can Only Be Purchased With Full Conference Registration 2. Email Addresses Must Be Included If Registering For A Workshop</i>				
CDAs ONLY - Ms. Lian Walraven - Provisional Restorations <i>3 sessions - please circle your choice: Thurs PM Fri AM Sat AM</i>	\$125	\$150	\$175	\$ _____
RDHs ONLY - Ms. Cherie Wu - Ultrasonic/Hand Scale Workshop <i>3 sessions - please circle choice: Fri AM [Intermediate] Fri PM or Sat AM [Advanced]</i>	\$99	\$149	\$199	\$ _____
Mr. Jeff Roy - Dental Equipment Maintenance & Repair - Hands-On <i>2 sessions - please circle your choice: Fri AM Fri PM</i>	\$99	\$149	\$199	\$ _____
DENTISTS ONLY - Dr. Tassos Irinakis <i>Introduction to the world of Immediate Implant Placement [Sat 8:30am]</i>	\$149	\$199	\$249	\$ _____
Mr. Derek Salisbury - CPR - HCP & AED Workshop [Sat 8:15am] <i>(not recertification)</i>	\$75	\$80	\$90	\$ _____
GRAND TOTAL				\$ _____

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 2019 TODS MEETING INFORMATION AVAILABLE AT TODSMEEING.COM

OPTIONS TO SUBMIT REGISTRATION FORM: 1) Mail via Canada Post: TODS 2019 Conference Secretariat Simply Eventful Management Inc. #300 - 1245 West Broadway, Vancouver, BC, V6H 1G7 2) Fax form to: (604) 738-8697	3) Scan form and email to TODS@simplyeventful.com 4) DENTAL OFFICES: Use TODS Official Courier! Call MTS Logistics Courier Service for Pick-up Toll-Free 1-888-689-4333 OR in Kelowna (250)861-8623 To: 2019 TODS Meeting (address same as option #1)
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