



VANCOUVER AND DISTRICT DENTAL SOCIETY

Box 102 – 1765 West 8th Avenue, Vancouver, BC V6J 1V8

Tel: 604-683-5730 Fax: 604-683-5745 www.vdds.com

2008 Annual MidWinter Clinic
Friday, December 12, 2008
EXHIBITOR REGISTRATION

We invite you to participate in the **VDDS Annual Midwinter Clinic, a one day dental industry conference and trade show on Friday, December 12, 2008.** The Trade Show has been revamped this year and will run concurrently with the lecture program, from **8:00 am thru 1:00 pm.** Please note details on the attached invite, and complete the following in order that we may assist you with your requirements.



Exhibitor Fee: \$575.00

Includes **10w X 8d booth** (carpeted), **identifying signage, 6-ft skirted display table & two chairs.** **One ticket to the Holiday Luncheon** is included in each booth space purchased. Complimentary coffee service throughout set-up and trade show hours.

Accommodation rates:

Quote **"VDDS Midwinter Clinic"** for rates of \$125.00++ (all rooms)
Reservations: Westin Bayshore Resort & Marina at 604-682-3377
(Please reserve prior to Nov. 16; VDDS rate upon availability only after this date)

Name of Company: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Please indicate to whom confirmation & shipping details should be forwarded:

Name: _____ E-mail: _____

Main product or services: _____

Pay to: Vancouver & District Dental Society Method: <input type="checkbox"/> VI <input type="checkbox"/> MC <input type="checkbox"/> Cheque Enclosed	
<input type="checkbox"/> Exhibit Fee \$575.00	<input type="checkbox"/> Elec. Power: add \$25.00 <input type="checkbox"/> Additional Luncheons @ \$35.00 _____
Total payment authorized/included: _____ Signature: _____	
_____	_____
<i>Credit Card No.</i>	<i>Exp. Date</i>

BADGES: Please PRINT CLEARLY for up to four booth personnel, or enclose business card(s)

First Name _____ Surname _____ First Name _____ Surname _____

First Name _____ Surname _____ First Name _____ Surname _____

(Additional participants please add \$35.00 per person)

For further information contact: gerri@vdds.com

***Administrative Office/COURIER address:**

14029 Marine Drive White Rock, BC V4B 1A6