



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

2009 Annual Midwinter Clinic

Friday, December 11, 2009

EXHIBITOR REGISTRATION

We invite you to participate in the Annual Midwinter Clinic, VDDS' one-day dental industry conference and trade show on Friday, December 11, 2009. The Trade Show will run concurrently with the lecture program, from 8:00 am thru 1:00 pm. Please note details on the attached invite and complete this page in order that we may assist you with your requirements.



Exhibitor Fee: \$595.00

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 is offered throughout set-up and trade show hours.

Accommodation rates:

Quote "VDDS Midwinter Clinic" for rates of \$129.00 (all rooms). Reservations: Westin Bayshore Hotel at 604-682-3377 (Rates guaranteed until Nov.9; 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: _____

Payment information box containing fields for pay to (Vancouver & District Dental Society), method (VI, MC, Cheque Enclosed), exhibit fee (\$595.00), add-ons (Power \$35, HS Internet \$50, Additional Luncheons \$35), total payment authorized/included, signature, credit card no., and exp. date.

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:

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