



VANCOUVER & DISTRICT DENTAL SOCIETY

#100 – 2227 St. John’s Street, Port Moody, BC V3H 2A6

www.vdds.com

2011 Midwinter Clinic Registration

~ FRIDAY, DECEMBER 9, 2011 ~

We invite you to participate in the **Annual Midwinter Clinic, VDDS’ one-day dental industry conference and trade show on Friday, December 9, 2011.** 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.

THE WESTIN
BAYSHORE
Vancouver

Exhibitor Fee: \$715.00
(inclusive)

Includes **10’w X 8’d booth** (carpeted), **power, identifying signage, 6’ skirted display table & two chairs.**

A Holiday Luncheon ticket 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 **\$129.00** (main or tower bldgs.)

Reservations: Westin Bayshore Hotel at **604.682.3377**

*(Guaranteed until **Nov. 10**; 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: _____

***Main competitors:** _____

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 \$715.00	<input type="checkbox"/> extra lunch tickets \$40 <input type="checkbox"/> wireless HS \$40
Total payment authorized/included: _____	Signature: _____
_____	_____
<i>Credit Card No.</i>	<i>Exp. Date</i>

BADGES: Please PRINT CLEARLY for up to four booth personnel (additional participants \$35 each)

First Name _____ Surname _____ First Name _____ Surname _____

First Name _____ Surname _____ First Name _____ Surname _____