



82<sup>nd</sup> ANNUAL WINTER CLINIC **EXHIBITOR** REGISTRATION FORM

Friday November 8, 2019

Cineplex Cinemas Empress Walk, 5095 Yonge St., 3<sup>rd</sup> Floor, Toronto, Ontario

For more information contact us at [info@tordent.com](mailto:info@tordent.com) or 416-967-1178

We, the undersigned, hereby apply to lease exhibit space from the Toronto Academy of Dentistry, during its Annual Winter Clinic at the Cineplex Cinemas Empress Walk on Friday November 8, 2019. We agree to abide by all Rules and Regulations with regard to space as set out by the Toronto Academy of Dentistry. **NOTE: Photographs are taken at the 2019 Winter Clinic. By registering for this event, you agree to allow the Toronto Academy of Dentistry to use your image in related publications, promotional materials and on its websites, Twitter & Facebook pages.**

Please print CLEARLY the following information (this will appear in the program book-scan business card is best)

Corporation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Email : \_\_\_\_\_ Website \_\_\_\_\_

Telephone# ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

**42 booths available on a "first come, first served basis"**  
**Booth prices include table and drape, 2 chairs and 2 Exhibit Staff**

Cost per booth is **\$2,000.00** (Except 36-39) (\$1769.91 + \$230.09 HST).  **BOOTHS 36-39** Cost per booth is **\$1500.00** (\$1327.43 + \$172.57 HST)

Additional Exhibit Staff \$113.00 (maximun 2) (\$100.00 + \$13.00 HST)

See the Exhibit Area floor plan for booth locations. **Booth # Preference** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**Names of Exhibit Staff ( Maximum 4):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Exhibit Booth** \_\_\_\_\_ @ **\$2000 (includes 2 staff)** \$ \_\_\_\_\_

**Exhibit Booth** \_\_\_\_\_ @ **\$1500 (includes 2 staff)** \$ \_\_\_\_\_

**Additional Exhibit Staff** \_\_\_\_\_ @ **\$ 113 (includes HST Max 2)** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Payment Options**

**Cheque\*** Payable to Toronto Academy of Dentistry, 216 Chrislea Rd. Suite 201, Woodbridge.Ontario L4L 8S5

**Visa**

**MasterCard**

Cardholder's name (exactly as shown on card)

Card no.:

Expiry Date:

CSV:

Cardholder Signature