



# DISCOVER

CDHA National Conference 2019  
October 3-5 | St. John's, Newfoundland & Labrador

## CONFERENCE EXHIBITOR BADGE REGISTRATION FORM

All exhibitors **MUST** register by **September 3, 2019** to avoid a \$75 late fee.

**Company Name:** \_\_\_\_\_

*To appear on exhibitor badge(s)*

**Social Media handle:** @ \_\_\_\_\_ #hashtag: \_\_\_\_\_

*Please share your planned booth activities to increase attendee engagement (i.e., samples, demos, giveaways?)...*

**Exhibitor representative #1** (complimentary registration)

**First and Last Name:** \_\_\_\_\_

*To appear on exhibitor badge*

**Exhibitor representative #2** (complimentary registration)

**First and Last Name:** \_\_\_\_\_

*To appear on exhibitor badge*

**Exhibitor representative #3** (Fee: \$125.00 + \$18.75 HST = **\$143.75**)

**First and Last Name:** \_\_\_\_\_

*To appear on exhibitor badge*

**Exhibitor representative #4** (Fee: \$125.00 + \$18.75 HST = **\$143.75**)

**First and Last Name:** \_\_\_\_\_

*To appear on exhibitor badge*

Each registered badge holder will receive a complimentary boxed lunch. Email [ssavoie@cdha.ca](mailto:ssavoie@cdha.ca) with any **FOOD ALLERGIES**.

**TOTAL PAYMENT AMOUNT: \$** \_\_\_\_\_

**Cheque or money order payment**

*Payable to:* Canadian Dental Hygienists Association  
1122 Wellington St W, Ottawa, ON K1Y 2Y7

Cheque       Money Order

**Visa or Mastercard payment**

*Fax completed application form with credit card information to:*  
**613-224-7283** or email to: [ssavoie@cdha.ca](mailto:ssavoie@cdha.ca)

Visa       Mastercard

**Cardholder Information** (if applicable):

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ CVV#: \_\_\_\_\_

Name on card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_