



CDHANational Conference 2024

Practice360

October 17-19, 2024 | Niagara Falls, Ontario

CONFERENCE EXHIBITOR BADGE REGISTRATION FORM

All exhibitors **MUST** register by **September 10, 2024**, to avoid a \$75 late fee.

Company Name*: _____

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*: _____

Exhibitor representative #2 (complimentary registration)

First and Last Name*: _____

Exhibitor representative #3 (Fee: \$150.00 + \$19.50 HST = **\$169.50**)

First and Last Name*: _____

Exhibitor representative #4 (Fee: \$150.00 + \$19.50 HST = **\$169.50**)

First and Last Name*: _____

Each registered badge holder will receive a complimentary boxed lunch. Email groyer@cdha.ca with any **FOOD ALLERGIES**.
*To appear on exhibitor badge

TOTAL PAYMENT AMOUNT: \$ _____

Direct Payment

CDHA Payment Information

Beneficiary: Canadian Dental Hygienists Association
Address: 1122 Wellington Street West, Ottawa ON Canada K1Y 2Y7
Institution #: 003 / Branch #: 01326 / Bank Account #: 1243286
Swift BIC: ROYCCAT2 / Sort Code: //CC000301326

Intermediary Bank Information (for USD payment)

Name: JP Morgan Chase
Address: New York, NY USA
Swift BIC: CHASUS33 / ABA #: 021000021 / CHIPS UID: 055253

Visa or Mastercard Payment Visa Mastercard

Fax completed payment form with credit card information to 613-224-7283

OR

Email to Greg Royer (groyer@cdha.ca)

Credit Card Number: _____ Expiry: _____ CVV#: _____

Name on card: _____

Cardholder Signature: _____ Date: _____