



CDHA National Conference

Practice360

November 12–14, 2026 | Halifax, Nova Scotia



CONFERENCE EXHIBITOR BADGE REGISTRATION FORM

All exhibitors **MUST** register by **October 16, 2026**, to avoid a \$75 late fee.

Company Name*: _____

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 + \$21 HST = **\$171.00**)

First and Last Name*: _____

Exhibitor representative #4 (Fee: \$150.00 + \$21 HST = **\$171.00**)

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 (Preferred)

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

Credit Card 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: _____