

Golf Day

Open to dentist and representatives of dental industries.
Time, Fees and Location to be Announced



Friday June 25, 2010

GOLF DAY REGISTRATION FORM

Name _____

Dental Office _____ ODA# _____

Auxiliaries attending from your office _____

Address _____

City _____ Postal Code _____

Tel (office) _____ Tel (home) _____

Fax _____ E-mail _____

Visa Mastercard _____ Expiry _____

Signature _____

Payable by cheque,
VISA or Mastercard.

Please make cheque payable to:
Halton-Peel Dental Association

EMAIL hpda@bellnet.ca
WEBSITE www.hpda.ca

TEL 905.819.2996
TOLL FREE 1.866.424.3208

FAX 905.819.9756
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