

43rd SASKATCHEWAN DENTAL THERAPISTS ASSOCIATION

ANNUAL CONFERENCE REGISTRATION FORM

APRIL 21-23, 2017

GALLAGHER CENTER-YORKTON SK

THEME: MEXICAN FIESTA

Type of Ticket:	Cost:	Description:
Full Registration	\$150.00	Friday night social and registration, Saturday Education and meals, including evening entertainment and breakfast Sunday before AGM
Scientific	\$100.00	Saturday education including breakfast, coffee breaks and lunch
Supper Ticket	\$50.00	For extra guests, includes Saturday Supper and entertainment

NAME _____ SDT/CDA/RDH/OTHER _____

MAILING ADDRESS _____

TELEPHONE: HOME _____ CELL _____ OTHER _____

EMAIL _____ (registration confirmation will be emailed)

TYPE OF REGISTRATION REQUESTED _____

AMOUNT ENCLOSED _____ (receipts will be provided at registration)

HOST HOTEL: HOME INN AND SUITES 506 BROADWAY ST W. YORKTON,SK 306-782-7829

MENTION SDTA CONFERENCE FOR GROUP RATE AND **BOOK YOUR HOTEL BY MARCH 20, 2017**

Please check which you plan to attend (this aids in planning and reduces unnecessary expense)

Friday night social _____

Saturday Breakfast _____ Lunch _____ Supper _____

Sunday Breakfast _____

Please indicate any food allergies or special requests _____

MAIL COMPLETED FORM AND PAYMENT TO:

SUSAN CHURKO
BOX 2546
MELVILLE, SK
SOA 2P0

Please make cheques payable to: SDTA-2017 CONFERENCE

***CHEQUES MUST BE DATED ON OR BEFORE APRIL 1, 2017**

*ANYONE WANTING TO USE ETRANSFER CONTACT CINDY REED AT sdta@sasktel.net

REGISTRATION DEADLINE: APRIL 1, 2017

QUESTIONS ??? Contact Adam Heimbecker 306-621-3022