



Journées dentaires
internationales
du Québec

REPRESENTATIVES REGISTRATION FORM

Registration deadline: **May 8, 2017**

COMPANY NAME

BOOTH(S) No.

PERSON IN CHARGE

WILL BE PRESENT AT THE BOOTH?

YES

NO

TITLE OF PERSON IN CHARGE

REPRESENTATIVES

NAME

TITLE

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INFORMATION

RETURN THE FORM TO MARIE TÉTREULT:

Fax: 514 875-1561

E-mail: marie.tetreault@odq.qc.ca

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