



Journées dentaires  
internationales  
du Québec

## REPRESENTATIVES REGISTRATION FORM

Registration deadline: **May 10, 2019**

COMPANY NAME

\_\_\_\_\_

BOOTH(S) No.

\_\_\_\_\_

PERSON IN CHARGE

\_\_\_\_\_

WILL BE PRESENT AT THE BOOTH?

YES

NO

TITLE OF PERSON IN CHARGE

\_\_\_\_\_

### REPRESENTATIVES

NAME

TITLE

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

### INFORMATION

**RETURN THE FORM TO MARIE TÉTREULT:**

Fax: 514 875-1561

E-mail: [marie.tetreault@odq.qc.ca](mailto:marie.tetreault@odq.qc.ca)

Journées dentaires internationales du Québec

800, René-Lévesque Blvd. West, Suite 1640

Montreal, Quebec H3B 1X9

Phone: 514 875-8511, Ext. 2234 • 1 800 361-4887, Ext. 2234