

TECHNO-CLINICAL EVENTS ACROSS CANADA FOR ALL DENTAL PROFESSIONALS

# SPECTRUM DAY

# EDMONTON

Early Bird Pricing

**UNTIL MAY 3**

**\$179+TAX**

**EARLY BIRD 2 FOR 1**

**\$229+TAX**

Regular Pricing

**\$289+TAX**

Includes Breakfast,  
Breaks and Lunch

**FRIDAY  
MAY 10  
2024**

**Chateau La Combe**

10111 Bellamy Hill Rd NW,  
Edmonton, AB T5J 1N7

**Please Contact:**

905-489-1970 / 1-866-581-8949x206

1-866-581-8949x207

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# SPECTRUM DAY EDMONTON

**Early Bird Price (Until May 3, 2024): \$179<sup>+GST</sup>**  
**Early Bird Price 2 for 1 (Until May 3, 2024): \$229<sup>+GST</sup>**  
**Regular Price per Person: \$289<sup>+GST</sup>**  
*Includes Breakfast, Breaks, and Lunch*

Fax Form to: **(905) 489-1971**  
Email Form to: **events@palmeripublishing.com / seminars@palmeripublishing.com**  
Mail Form to: **Palmeri Publishing Inc.**  
35-145 Royal Crest Court, Markham ON L3R 9Z4  
Call: **(905) 489-1970** or **1-866-581-8949** ext. 206/207

How many attendees would like to register?: \_\_\_\_\_

Credentials:      Dr      RDT      DD      Other: \_\_\_\_\_

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Company : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone : \_\_\_\_\_ Cell : \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_

Please note that by giving us your email, you are giving Palmeri Publishing Inc. permission to send you emails/CEM's. We respect your privacy and you can unsubscribe from our emails at anytime.

## Second Person

Credentials:      Dr      RDT      DD      Other: \_\_\_\_\_

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Company : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone : \_\_\_\_\_ Cell : \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_

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Payment Information :  Visa       MasterCard       Amex       Cheque

(\*Please make all cheques payable to Palmeri Publishing Inc.)

Amount Authorized : \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date : \_\_\_\_\_ CVV/V no. \_\_\_\_\_

Card Holder Name : \_\_\_\_\_ Signature : \_\_\_\_\_

**Cancellation/Refund Policy:** Participants cancelling will not receive any refunds. Costs incurred for travel and hotel accommodations remain the responsibility of each participant.

I accept the Cancellation/Refund Policy