



International College of Dentists, Canadian Section

Dues, Gala and Donation Form

This form is to be used for cheque based payments for dues, gala registration and Spence foundation donations.

Annual dues:

- \$300 for Active Members;
- \$75 for Active Retired

2020 Convocation and Gala: \$150

- This is a special year for the International College as 2020 marks the ICD Centennial Anniversary. In recognition of this milestone, the 2020 ICD Canada Centennial Convocation and Gala is being held at the Canadian Museum for Human Rights in Winnipeg on April 4. The Museum is close to the Inn at the Forks Hotel.
- The ICD program is being held during the Canadian Dental Association and Manitoba Dental Association Convention in Winnipeg (April 2-4). The ICD Committee meetings (April 3) and Board of Regents meeting (April 4) are being held at the Delta Winnipeg Hotel which is adjacent and connected to the RBC Convention Centre.
- The following hotels have ICD preferred rates and are close to the event:
 - Delta Winnipeg Hotel
 - Inn at the Forks – use group code 414051
- It is important that you book your room right away as the rooms are available on a first-come, first-serve basis.

William J Spence Memorial Foundation Donations: \$100 (Suggested minimum)

- Please consider making a donation of at least \$100. Tax-deductible receipts are issued for all donations to the Spence Foundation. The Foundation is an excellent vehicle to support less fortunate groups of people in Canada and throughout the world.



INTERNATIONAL COLLEGE OF DENTISTS

International College of Dentists, Canadian Section

Please complete the following form, and mail along with your cheque to:

Dr. Gordon Thompson
 ICD Canadian Section
 2318 Rutherford Way SW
 Edmonton, AB, T6W 1P4

Name:		
Email Address:		
Contact Number:		
ICD Dues Amount:	\$	
Spence Foundation Amount	\$	
2020 ICD Centennial Convocation & Gala	# of tickets: _____	(\$150 ea): \$ _____
	Names of other guests you would like to sit with	
	Meal type and quantity	Beef: _____ Chicken: _____ Fish: _____ Vegetarian: _____
	Names of all guests (for whom you are purchasing tickets):	
	Allergy concerns (please include name of guest and nature of allergy)	