



APPLICATION FOR SESSION CHAIR

	FIRST NAME	LAST NAME	MEMBERSHIP #
Address			
City	Province	Postal Code	
Telephone	Fax	Email	

Please select the day(s) you would be available:

- Thursday, May 9, 2019**

 Friday, May 10, 2019

 Saturday, May 11, 2019

I registered for the following session and have ranked the sessions in order of preference I would like to chair:

	Code #	Speaker Name	Topic	
1 st Choice:				
2 nd Choice:				
3 rd Choice:				
4 th Choice:				
5 th Choice:				
6 th Choice:				

Signature (OPTIONAL)

Date

Privacy: Please note that the information collected on this form will be used by the ODA for the purpose of booking a car pass for the above noted meeting only, and for no other purpose. The ODA is committed to protecting the privacy of your personal information. For more information about the ODA's management of personal information, or the ODA's use and disclosure practices, see the ODA's privacy policy posted on our web site: www.oda.ca or contact the ODA's Chief Privacy Officer or any Member Services Representative at the ODA by calling 1-800-387-1393 or 416-922-3900, or by e-mail at info@oda.on.ca or by fax to 416-922-9005.

Return completed form to:

Teresa Tomassetti | Conference and Events Co-ordinator

Ontario Dental Association | 4 New Street | Toronto ON | M5R 1P6 | Tel: 416-355-2259 | Fax: 416-922-9571 | Email: ttomassetti@oda.ca

FOR ODA USE

- Selected
 Not Selected

Date	Code #	Speaker Name	Topic	