

**BERMUDA ORAL HEALTH SYMPOSIUM**

**2026**

**ATTENDEE REGISTRATION FORM**

**Theme: “Advancing Oral Health with New & Innovative Approaches”**

**Date: March 19<sup>th</sup> & 20<sup>th</sup>, 2026**

**Venue: Bermuda Underwater Exploration Institute  
Hamilton, Bermuda**

**NAME:** \_\_\_\_\_

**LAST**

**FIRST**

**MIDDLE**

**OFFICE NAME:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**HYBRID: Virtual\*** \_\_\_\_\_ **In-person** \_\_\_\_\_ **(please check)**

**Needing Hotel Accommodations:** Yes \_\_\_\_\_ No \_\_\_\_\_

**I am registering as: (Please check)**

_____ Dentist	\$250.00
_____ Dental Hygienist	\$150.00
_____ Dental Auxiliary - ofc. Managers, Assistants, others.	\$100.00
_____ Dental Lab. Technician	\$150.00

**Other fees: \*\*For In-person participation please add an additional:** \$25.00 for lunch etc.

**Method of Payment:** Cash/Online Wire Transfer. \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Banking Details:**

**Beneficiary Account Number:** 010-723955-001

**Beneficiary Bank:** HSBC Bank of Bermuda, Hamilton **\*Swift Code:** BBDA BMHM

**Beneficiary Name:** Government of Bermuda – Health

**Beneficiary Address:** Continental Building, 25 Church Street, Hamilton HM12

**\*\* Please include your name and “Dental Conference” in the beneficiary description**

**\*\* A screenshot of the transfer confirmation should be emailed to**

**[oralhealth@gov.bm](mailto:oralhealth@gov.bm) and [healthaccounts@gov.bm](mailto:healthaccounts@gov.bm)**

**Registration Forms may also be emailed to: [oralhealth@gov.bm](mailto:oralhealth@gov.bm) or [jcpickstock@gov.bm](mailto:jcpickstock@gov.bm) or dropped off to Hamilton Health Center – Oral Health Department, Located: 67 Victoria Street, Hamilton, Bermuda. You may also call 441-444-1715 or 441-246-7715 or for information regarding the same.**