

**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)**

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

**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.**