

BERMUDA ORAL HEALTH SYMPOSIUM

2026

EXHIBITOR REGISTRATION FORM

Theme: "Advancing Oral Health with New & Innovative Approaches"

Date: March 19th & 20th, 2026

Venue: Bermuda Underwater Exploration Institute (BUEI)

Hamilton, Bermuda

EXHIBITOR/COMPANY NAME: _____

CONTACT PERSON NAME: _____

CONTACT PERSON E-MAIL ADDRESS: _____

LOCAL COMPANY _____

INTERNATIONAL COMPANY _____

Name(s) of Team Members _____

Needing Hotel Accommodations for Team Members: Yes _____ No _____

If 'Yes'; # rooms needed _____

PRODUCT/SERVICES TO EXHIBIT _____

_____ EXHIBITOR **\$2000.00 (Includes continental breakfast and lunch)**

We would appreciate your support for one of our speakers

_____ SPEAKER SPONSORSHIP **\$1500.00**

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; jcpickstock@gov.bm and healthaccounts@gov.bm

Registration Forms may also be emailed to: oralhealth@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, 441-707-0292 or 441-246-7715 or for information regarding the same.