

**BERMUDA ORAL HEALTH SYMPOSIUM**

**2026**

**EXHIBITOR 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 (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](mailto:oralhealth@gov.bm); [jcpickstock@gov.bm](mailto:jcpickstock@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 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.**