Friday, September 25th, from 5-9pm
RSVP before Thursday, September 10, 2015

3½ hour Heart of the Island Private Sunset Dinner Cruise
Boarding: 5:00 pm
Depart: 5:30 pm SHARP from Crawford Wharf
at 1 Brock Street, Kingston, ON
Return: 9:00 pm

The Island Queen is a triple decked paddle wheeler in the New Orleans Mississippi River boat style. She’s richly adorned with oak panels and antique tin on the interior. The cruise includes a live variety show and a fabulous three course dinner

$79 per person
plus applicable taxes.

When registering, please request your preference of Stuffed Chicken Supreme or “AAA” Prime Rib

Cruise Sponsors: Rideau Orthodontic Mfg. Ltd. & Bonarch Supply Canada Ltd.

DON’T MISS THE BOAT!
Book Early
This private event is limited to 125 passengers

Friday, September 25th, from 5-9pm
RSVP before Thursday, September 10, 2015
Join your dental colleagues aboard the Island Queen as we tour the world-famous 1000 Islands.

The Island Queen will wind its way through the small cottage islands of the Admiralty group featuring Napoleon’s Hat, Wanderers Channel, the Bateau Channel, the new opulent Mandalay Mansion and the historic sights of Kingston. The Admiralty Islands host the highest concentration of small cottage islands and channels in the 1000 Islands.

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Live entertainment by the famous Billy Bridger
Singer, Comedian and DJ
Billy performs his variety show during the summer months in Kingston, Ontario with winter escapades to Goodland and Naples, Florida.

“My good friend Billy will ensure an evening full of laughs and dancing.”
— Emmett
Reward your dental team today!

Complete the Dental Cruise Registration Form and E-MAIL to cruise@orthodontic.ca or FAX to 613-283-5386

RSVP before Thursday, September 10, 2015

Passengers must be 21 years of age - Cash Bar

General Dentists, Orthodontists, Hygienists, Dental Assistants and Receptionists are all welcome.

Guests are not required to be an active client with the sponsors.

Sorry - No dental technologists or commercial laboratories

“I look forward to welcoming you aboard the Island Queen. Past dental cruises generated friendships, team building and great memories.”

Emmett Griffiths, Serving the dental profession since 1972

Rideau Orthodontic Mfg. Ltd. & Bonarch Supply Canada
69/71 Beckwith Street, North, Smiths Falls, Ontario K7A 2B6
Visit us at: www.orthodontic.ca  cruise@orthodontic.ca
800-267-7982  Local: 613-283-6841
Friday, September 25th, from 5-9pm
RSVP before Thursday, September 10, 2015

3 ½ hour Heart of the Island Private Sunset Dinner Cruise aboard the Island Queen

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Cost: $79 per person plus applicable taxes

Please PRINT registration details and E-MAIL to cruise@orthodontic.ca or FAX to 613-283-5386

Passenger #1
First Name: _______________________________ Last Name: _______________________________
☐ Doctor  ☐ Dental Hygienist  ☐ Dental Assistant  ☐ Other: _______________________________
Meal Preference: ☐ Stuffed Chicken Supreme  ☐ “AAA” Prime Rib

Passenger #2
First Name: _______________________________ Last Name: _______________________________
☐ Doctor  ☐ Dental Hygienist  ☐ Dental Assistant  ☐ Other: _______________________________
Meal Preference: ☐ Stuffed Chicken Supreme  ☐ “AAA” Prime Rib

Passenger #3
First Name: _______________________________ Last Name: _______________________________
☐ Doctor  ☐ Dental Hygienist  ☐ Dental Assistant  ☐ Other: _______________________________
Meal Preference: ☐ Stuffed Chicken Supreme  ☐ “AAA” Prime Rib

Passenger #4
First Name: _______________________________ Last Name: _______________________________
☐ Doctor  ☐ Dental Hygienist  ☐ Dental Assistant  ☐ Other: _______________________________
Meal Preference: ☐ Stuffed Chicken Supreme  ☐ “AAA” Prime Rib

Passenger #5
First Name: _______________________________ Last Name: _______________________________
☐ Doctor  ☐ Dental Hygienist  ☐ Dental Assistant  ☐ Other: _______________________________
Meal Preference: ☐ Stuffed Chicken Supreme  ☐ “AAA” Prime Rib

Passenger #6
First Name: _______________________________ Last Name: _______________________________
☐ Doctor  ☐ Dental Hygienist  ☐ Dental Assistant  ☐ Other: _______________________________
Meal Preference: ☐ Stuffed Chicken Supreme  ☐ “AAA” Prime Rib

Dr. ________________________________________ Clinic Name: ____________________________
Street Address: __________________________________ City: ____________________________  Prov/State: _________
Postal/Zip: ____________________________ Tel: ____________________________  E-mail: ____________________________

Payment Options: ☐ VISA  ☐ MasterCard

Name on Credit Card: ________________________________________________________________
Card Number: ___________________________________________________ Expiry Date: _____/_______