

Join us at the

MEMBERS ROUNDTABLE RETREAT

October 8-9, 2010

Sponsored by the



Washington State Dental Laboratory Association

1-800-652-2212 • www.wsdla.com

CDT credits = 8

Must be a member of WSDLA or other state association and lab owner or manager.

Name _____ CDT _____

Laboratory _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Yes, please register me for the "Members Roundtable & Retreat" # _____ \$279 each _____ \$ _____

Yes, please register my spouse or guest for Friday dinner # _____ \$66 each _____ \$ _____

Yes, I will attend the WSDLA Board of Directors Mtg on Saturday a.m. # _____ \$ NC

Add \$25 for registrations made after **September 15th** and on site. \$ _____

Total \$ _____

VISA/MC/DISCOVER/AE # _____ Exp Date _____

Name on Card _____

Zip Code for Billing Address for credit card _____

Security Code (numbers on signature line on back) _____

Signature _____



Make checks payable to "WSDLA"

Mail or FAX registrations to WSDLA * PO Box 385 * Graham WA 98338

FAX 360-832-2471

Additional Information: **1-800-652-2212**

Note: Hotel reservations must be made by Sep 7, 2010 to receive WSDLA's price. Reservations may be made by calling the Tulalip Resort 1-866-716-7162 (ask for Washington State Dental Lab Assn rate). Our special rate is \$149 per night.

Cancellation Policy: \$25 processing fee charge for cancellations; no refunds if cancelled closer than seven days prior to event

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