



2019 WSDLA NW Lab Forum

March 8 - 10, 2019

Embassy Suites by Hilton – Seattle/ Bellevue  
– Bellevue, WA

## CALL FOR CLINICS

**Presenter Information:** If the clinic has more than one presenter, make a copy of this form and complete ALL Presenter Information for all speakers. This section MUST BE COMPLETED ENTIRELY in order for the clinic to be considered for the 2019 WSDLA NW Lab Forum.

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Assistant (if applicable): \_\_\_\_\_ Assistant's Email: \_\_\_\_\_

Presenter's Cell Phone (used only in emergency during meeting dates): \_\_\_\_\_

If you would like to do a trifecta of a Friday hands-on course, Saturday lecture and Saturday table clinic during the trade show, please call us at 800-652-2212.

**Speaking Opportunities (mark all that apply):**

- Hands-On Clinic
- Friday Courses (Business/ Management)
- Saturday Courses (Scientific/ Technician based)
- Saturday Table Clinics (during the Trade Show)
- Trifecta: Friday Hands-On, Saturday Lecture and Saturday Table Clinic

**I submit the following program (s) for consideration:**

Program Title: \_\_\_\_\_

Length of presentation: \_\_\_\_\_

**Please attach a separate, detailed program description outlining what attendees will learn.**

**Category of Presentation:**

- Hot Topics/New Products
- Basic Techniques
- Product Showcase (seminar focuses heavily on product)
- Advanced Techniques
- Management/Professional Development
- Other (please explain): \_\_\_\_\_

**Specialty:**

- Crown & Bridge
- Implants
- Ceramics
- Lab Management
- Orthodontics
- Dentures

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

Is this more appropriate for a: \_\_\_\_\_ Fixed Course or \_\_\_\_\_ Removable Course

Is this presenter approved by the National Board for Certification in Dental Laboratory Technology (NBC) to provide CDT/RG credits? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*If not, please provide an in-depth speaker bio with your application. WSDLA will request approval for speakers and clinics from NBC. \*\***

**Audio Visual Needs:** WSDLA will provide an LCD Projector, laptop, screen, and choice of microphone.

Please indicate which microphone you would prefer (circle one):

\_\_\_\_\_ Lavalier Clip-On

\_\_\_\_\_ Lavalier Hand-Held

\_\_\_\_\_ In Podium

List other A/V needs here: \_\_\_\_\_

### **Presentation Details:**

Do you plan to provide handouts?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

What type of presentation is this?

\_\_\_\_\_ Lecture (with PowerPoint)

\_\_\_\_\_ Hands-On

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

**Only answer the following questions if this is a HANDS-ON presentation:**

Please list any special room setup needs: \_\_\_\_\_

What is the maximum number of participants for the hands-on? \_\_\_\_\_

How much time do you need to setup and tear down for a hands-on? \_\_\_\_\_

Other Requests: \_\_\_\_\_

### **Sponsorship:**

**My company is interested in sponsoring this speaker at the:**

Sapphire Level (honorarium and travel for speaker) \_\_\_\_\_ Yes \_\_\_\_\_ No

Diamond Level (\$1200 plus speaker expenses) \_\_\_\_\_ Yes \_\_\_\_\_ No

**DEADLINE: November 28, 2018**

***This completed form must be returned to WSDLA along with a separate clinic description, presenter's bio and presenter's headshot no later than November 28, 2018.***

**Return this form along with any necessary speaker/clinic information to: WSDLA by fax (850) 222-3019 or mail 325 John Knox Rd, Ste L103, Tallahassee, FL 32303 or email to mbarineau@executiveoffice.org.**