

# 2019 WSDLA NORTHWEST LABORATORY FORUM MEMBER REGISTRATION FORM

*Please print legibly. Please make copies of this form for additional registrants.*

Name \_\_\_\_\_  CDT  RG CDT/RG # \_\_\_\_\_  
 Laboratory \_\_\_\_\_  CDL  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Registration Options	Description	Member	Non-Member	Total
Full Registration	All events Friday and Saturday except Regulatory Standards on Saturday	\$345.00	\$495.00	
Additional Full Registration	If you have <u>additional full registrants from your company</u> , enjoy this discounted rate. All events Friday and Saturday except for Regulatory Standards on Saturday	\$300.00	\$400.00	
Friday Courses Only Registration	All events Friday including Regulatory Standards Seminar	\$175.00	\$250.00	
Friday Hands-On Clinic - DENTSPLY	Friday Clinic - 8:00 a.m. - 12:00 p.m.	\$200.00	\$300.00	
Friday Hands-On Clinic - Core3D	Friday Clinic - 8:00 a.m. - 12:00 p.m.	\$200.00	\$300.00	
Friday Regulatory Standards Seminar	Friday Regulatory Standards Seminar Only	\$45.00	\$80.00	
Saturday Courses Only Registration	All events Saturday except Regulatory Standards Seminar	\$285.00	\$375.00	
Saturday Regulatory Standards Seminar	Saturday Regulatory Standards Seminar Only	\$45.00	\$80.00	
Bates Student Registration	Bates Technical Students (Saturday Only - includes Trade Show and lunch)	\$45.00	N/A	
Dental Student Registration	Dental Student Registration - UW	\$100.00	\$100.00	
Saturday PM Courses Only	All events on Saturday between 11:00 a.m. - 5:15 p.m. (includes Trade Show, lunch and Regulatory Standards Seminar)	\$185.00	\$275.00	

**\*\*One Time Special Offer for Non-Members: Explore WSDLA with a complimentary guest membership from 4/1 - 12/31/2019 when registering at the non-member rate.\*\***

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

Please check below if you plan to attend the following events:

Friday Night Reception  Friday Night Dinner

**PAYMENT INFORMATION:**

Check enclosed. Check # \_\_\_\_\_ (Please make checks payable to WSDLA.) Check Amount \$ \_\_\_\_\_

Credit Card:  Visa  MasterCard  American Express Charge Amount \$ \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

(Vi/MC users: 3 digit number on back of card. Amex users: 4 digit number on front of card.)

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address & Zip Code \_\_\_\_\_

**RETURN TO:** WSDLA, 325 John Knox Road, Suite L103, Tallahassee, FL 32303, fax to (850) 222-3019.

**Refund Policy:** Refund requests must be received in writing no later than **February 22, 2019**. No refunds will be given after this date. Registrations may be transferred. No refunds will be given for onsite registrations. **Special Needs:** Please call the WSDLA office at (800) 652-2212 by **February 1, 2019** if you require any special accommodations or assistance.