



WSDLA 2021 Roundtable Retreat

Friday, November 12, 2021

Hyatt Regency Seattle, Seattle, WA

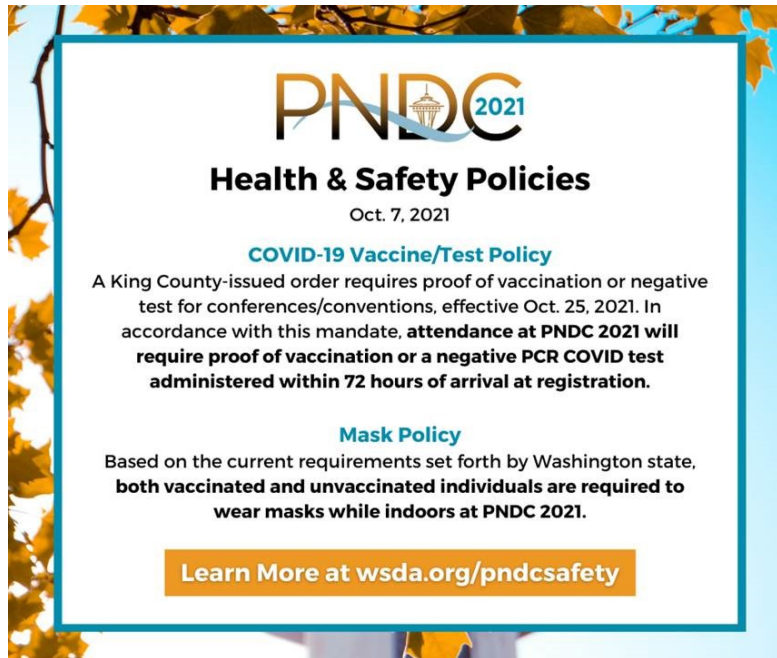
Washington State Dental Laboratory Association Roundtable Retreat

This valuable event will be held in conjunction with the Washington State Dental Association (WSDA) Pacific Northwest Dental Conference (PNDC) 2021 onsite dental conference on **Friday, November 12, 2021 from 12:30 p.m. - 5:00 p.m.** at the Hyatt Regency Seattle, 808 Howell Street, Seattle, Washington.

<https://www.wsda.org/continuing-education/pacific-northwest-dental-conference>

Please note that there are some safety policies currently in place for the PNDC 2021.

- COVID-19 Vaccine/Test Policy: A King County-issued order requires proof of vaccination or negative test for conferences/conventions, effective Oct. 25, 2021. In accordance with this mandate, attendance at PNDC 2021 will require proof of vaccination or a negative PCR COVID test administered within 72 hours of arrival at registration.
- Mask Policy: Based on the current requirements set forth by Washington state, both vaccinated and unvaccinated individuals are required to wear masks while indoors at PNDC 2021.
- Learn more at [wsda.org/pndcsafety](https://www.wsda.org/pndcsafety).



Schedule:

12:30 p.m. - 1:00 p.m.	Welcome and Board Update
1:15 p.m. - 2:15 p.m.	DOH Lab Registration Update
2:15 p.m. - 2:45 p.m.	Break
2:35 p.m. - 3:45 p.m.	John Marshall, Results Driven presentation
4:00 p.m. - 5:00 p.m.	WSDLA Annual Membership Meeting



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Attendee Registration Form

Please print legibly.

Name: _____ Credentials: _____ CDT #: _____

Additional Registrants from Same Company:

Name: _____ Credentials: _____ CDT #: _____

Name: _____ Credentials: _____ CDT #: _____

Name: _____ Credentials: _____ CDT #: _____

Company/Lab: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

REGISTRATION FEES:

	Member Rate	Non Member Rate	TOTAL
Full Registration <i>(Includes all events and continuing education on Friday).</i>	\$99.00	\$149.00	\$_____

I cannot attend this event in-person, but I would be interested in attending virtually.

PAYMENT INFORMATION:

Check enclosed. Check #: _____ *(Please make checks payable to WSDLA.)*

Credit Card: Visa MasterCard American Express

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: _____

Billing Address: _____

Authorized Signature: _____

RETURN TO WSDLA AT WSDLA@EXECUTIVEOFFICE.ORG , FAX (850) 222-3019

MAIL TO WSDLA AT 325 JOHN KNOX RD L103, TALLAHASSEE FL 32303

OR CALL AND REGISTER AT (850) 224-0711