



OFFICIAL REGISTRATION FORM

JULY 20-23
2017

Please read carefully and complete all information. Please print clearly or type.

REGISTRATION CATEGORIES & FEES

LABORATORY / COMPANY: _____ FL Lab License #: _____
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 PHONE: _____ FAX: _____ EMAIL(S): _____

Students enrolled in the formal programs of Dental Laboratory Technology or Dentistry may register at no charge and may attend seminars on a space-available basis. Enter school name above. Student ID required. Complimentary student registration does not include meals or optional events.

**DTS / ADA Members
or Active Military**
Early Reg **After 7/17**

Non-Members
Early Reg **After 7/17**

**Spouse/Guest
(non-technician, no seminars)**
Early Reg **After 7/17**

PACKAGE A (Two-Day)

1st Person from Lab/Office	\$205	\$230	\$305	\$330	\$90	\$110
Add'l Persons same Lab/Office	\$165	\$190	\$265	\$290	\$90	\$110

Package A includes Fri/Sat seminars, Exh Hall, table clinics, Fri lunch, Presidents' Hospitality (Fri), Sat lunch, eligible to win CASH prizes. Spouse/Guest includes Exh Hall, Fri lunch, Fri Hospitality, Sat lunch, eligible to win CASH prizes. Does not include seminars. No CE credits provided for Sp/Gst registration.

PACKAGE B (Friday Only)

1st Person from Lab/Office	\$145	\$170	\$195	\$220	\$65	\$75
Add'l Persons same Lab/Office	\$125	\$150	\$175	\$200	\$65	\$75

Package B includes Fri seminars, Exh Hall, table clinics, Fri lunch, Presidents' Hospitality (Fri), eligible to win CASH prizes. Spouse/Guest includes Exh Hall, Fri lunch, Fri Hospitality, eligible to win CASH prizes. Does not include seminars. No CE credits provided for Sp/Gst registration.

PACKAGE C (Saturday Only)

1st Person from Lab/Office	\$145	\$170	\$195	\$220	\$65	\$75
Add'l Persons same Lab/Office	\$125	\$150	\$175	\$200	\$65	\$75

Package C includes Sat seminars, Exh Hall, table clinics, Sat Lunch, eligible to win CASH prizes. Spouse/Guest includes Exh Hall, Sat lunch, eligible to win CASH prizes. Does not include seminars. No CE credits provided for Sp/Gst registration.

EXHIBIT HALL ONLY

\$20 (MUST REGISTER — name badge is required in Exhibit Hall!)

Includes Exh Hall, table clinics, eligible to win CASH prizes. Does not include seminars, meals or breaks. No CE credits for Exh Hall Only registration.

SPECIAL EVENTS, OPTIONAL ITEMS, AND EXTRAS

Fishing Tournament (Thursday, July 20; Includes transportation, lunch, beverages, tackle, and bait) <i>Discounted pricing for DTS Members courtesy of Cora Refining; See pg 7 of program book for add'l info, exclusions and cancellation policy.</i>	\$75 (DTS Members only)	\$180 (Non-Members and vendors)
Friday Awards Luncheon (Friday, July 21; 11:45 AM - 1:00 PM; Features installation of officers and presentation of awards)		\$35 (included in Pkg A, B)
Saturday Lunch with the Exhibitors (Saturday, July 22; Noon - 1:00 PM; Enter through Exhibit Hall; Exhibit Hall will remain <u>open</u> during lunch!)		\$35 (included in Pkg A, C)

Attendees: Attach additional sheet or photocopy, if needed. Complete all requested information. Please refer to above fees and total each attendee separately.

NAME: _____	CDT/RG#: _____	NICKNAME: _____	TOTAL: \$ _____
<input type="checkbox"/> Pkg A <input type="checkbox"/> Pkg A (Spouse/Guest) <input type="checkbox"/> Pkg B <input type="checkbox"/> Pkg B (Spouse/Guest) <input type="checkbox"/> Pkg C <input type="checkbox"/> Pkg C (Spouse/Guest)	<input type="checkbox"/> Exhibit Hall Only <input type="checkbox"/> Fishing <input type="checkbox"/> Fri Awards Lunch <input type="checkbox"/> Sat Lunch	<input type="checkbox"/> Other: Specify _____ Food Allergies: _____	
<input type="checkbox"/> Lab Owner/Manager <input type="checkbox"/> Dentist <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Guest <input type="checkbox"/> Active Military <input type="checkbox"/> Educator <input type="checkbox"/> Student			
NAME: _____	CDT/RG#: _____	NICKNAME: _____	TOTAL: \$ _____
<input type="checkbox"/> Pkg A <input type="checkbox"/> Pkg A (Spouse/Guest) <input type="checkbox"/> Pkg B <input type="checkbox"/> Pkg B (Spouse/Guest) <input type="checkbox"/> Pkg C <input type="checkbox"/> Pkg C (Spouse/Guest)	<input type="checkbox"/> Exhibit Hall Only <input type="checkbox"/> Fishing <input type="checkbox"/> Fri Awards Lunch <input type="checkbox"/> Sat Lunch	<input type="checkbox"/> Other: Specify _____ Food Allergies: _____	
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PAYMENT INFO: Registrations accepted via fax with credit card info. Payment must accompany all registrations. You may NOT adjust registration fees in lieu of meals.

Payment Method: Visa MasterCard Discover Check (Payable to LDLA / DTS) Total Amount: \$ _____

Cardholder Name: _____ Signature: _____

Credit Card Number: _____ Exp Date: _____ CV# (3-digit code on back; required): _____

Billing Address: _____ Billing Zip Code: _____

Pre-Registration Deadline: Must be **RECEIVED** by 7-7-17. Please allow 10 days for mail delivery. Cancellations cannot be accepted after 7-7-17. **NO SHOW = NO REFUND!** Requests for reasonable accommodations as provided by the Americans with Disabilities Act (ADA), must be received in writing in the Dental Technicians Society (DTS) office by June 30, 2017. Cancellations RECEIVED in writing at the DTS office PRIOR to 7-7-17 will receive full refund post meeting, less a \$25 processing fee with the exception of fishing participants (see program book for cancellation policies). Active military personnel may register at member rates. DTS assumes no responsibility other than refunding of registration fees paid if program is cancelled due to any reason that is out of the control of the sponsor. Meals are not guaranteed for on-site registrations. DTS is not responsible for any transportation liabilities. By registering for this meeting, I understand that my contact information may be provided to the participating exhibitors and my photo could be used in highlights and/or promotional materials.

Mail, fax, or email registration form(s) to: