

NADL 2010 Vision 21 Registration Form



Name _____ CDT, RG, DMD, DDS, Other _____
Company _____ CDL DAMAS
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

NADL Member Full Registration

Includes Thursday Awards Ceremony and President's Reception (for laboratory, technician and component registrants only), all presentations, breakfast and lunch on Friday and Saturday, and the Friday Night Reception.

- Before 12/11/09:** \$575 – First Member \$475 – Each Additional Member
After 12/11/09: \$600 – First Member \$500 – Each Additional Member

Non-Member Full Registration

Includes Thursday Awards Ceremony and President's Reception (for laboratory, technician and component registrants only), all presentations, breakfast and lunch on Friday and Saturday, and the Friday Night Reception.

- Before 12/11/09:** \$700 **After 12/11/09:** \$725

Friday Only Registration

Includes Thursday Awards Ceremony and President's Reception (for laboratory, technician and component registrants only), all presentations, breakfast and lunch on Friday and the Friday Night Reception

- Before 12/11/09:** \$325 – Member \$400 – Non-Member
After 12/11/09: \$350 – Member \$425 – Non-Member

Saturday Only Registration

Includes all presentations, breakfast and lunch on Saturday and the Friday Night Reception

- Before 12/11/09:** \$325 – Member \$400 – Non-Member
After 12/11/09: \$350 – Member \$425 – Non-Member

Additional Registration Options

- \$175 – Golf Tournament at Rio Secco – Handicap/Ave. Score _____ Foursome Request _____
 \$45 – NADL Awards Ceremony & President's Reception Only (Only spouses of award winners and full registrants)
 \$150 – Spouse Meals

Payment Information

Total Amount Enclosed: \$ _____

- Check enclosed (Please make checks payable to the National Association of Dental Laboratories)
 Credit Card: Visa MC Amex

CC# _____ Exp. _____ Security Code* _____ Authorized

Signature _____ Name on CC _____

Credit card billing address: _____

* This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card.

Please fax your registration with credit card information to (850) 222-0053 **or, mail along with a check to:** NADL Meetings, 325 John Knox Rd, #L103, Tallahassee, FL 32303. You may also **register online** at www.nadl.org.

Cancellation/Refund Policy: Written notification for all cancellations and refund requests must be received by the NADL office no later than Jan. 8, 2010. Written cancellation and refund requests received by Jan. 8, 2010 will receive a check for the refund minus a \$25 administrative fee. No refunds will be issued for requests made after Jan. 8, 2010. Registrations are transferable.

Special Needs Policy: If you require special accommodations or assistance due to a disability, please call the NADL meetings department at (800) 950-1150 by Jan. 10.

Questions? Contact the NADL Meetings Department at (800) 950-1150 or by email at meetings@nadl.org.