

Application Form

Application and all attachments must be returned to NADL by Sept. 1.

See page 7 for items to include with application

Name: _____ CDT/RG/DDS/DMD/Other: _____

Dental Laboratory: _____ CDL DAMAS

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Dental Technology Program Attended (if applicable): _____

NADL Membership Number: _____ (required for membership discount)

I declare that I have read the guidelines for the NADL University program and submit this application subject to those conditions. The information reported is true and complete.

Signature: _____ Print name: _____ Date: _____

NADL University Registration

Includes Welcome Reception on Friday evening and participation in NADL University Saturday through Wednesday.

- \$2,000 – NADL Member
- \$2,900 – Non-NADL Member

NADL U 2 – Full Registration

NADL U 2 participation is determined by selection below. Applicants must have previously participated and completed NADL University.

- \$475 – NADL Member
- \$550 – Non-NADL Member

NADL U 2 – One Day Only Registration *(Please make a selection below)*

- \$275 – NADL Member
- \$350 – Non-NADL Member
- Monday Only** – Mark Jackson, RDT
- Tuesday Only** – Gregory Harris

Payment Information

Enclosed is my check made out to "NADL" in the amount of \$ _____

Charge to my credit card Master Card Visa American Express

Card No: _____ Exp. Date: _____ Sec. Code*: _____

*This is the 3 digit number found next to the signature panel on the back of the card. AMEX ONLY – This is the 4 digit number found on the front of your card.

Signature: _____ Name on Card: _____

Billing Address: _____

Return application and documents to:
NADL Meetings Department, 325 John Knox Rd, Ste L103, Tallahassee, FL 32303

For questions regarding NADL University or this application, please contact the NADL Meetings Department at (800) 950-1150 or meetings@nadl.org.

