



OFFICIAL REGISTRATION FORM

PLEASE READ CAREFULLY AND COMPLETE ALL APPLICABLE AREAS

LABORATORY/COMPANY: _____ FL License #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____

Member rates apply to SCDL members in good standing, educators, civil service and active military personnel. Students currently enrolled in a Dental Technology program may attend general session seminars free (on a space available basis) and trade show - **student ID is required with registration form** unless school submits registration list. **Name badges are required at all functions.** Requests for reasonable accommodations, as provided by the ADA, must be received in writing in the SCDL office by 08/25/11.

REGISTRATION CATEGORIES & FEES

SCDL MEMBERS, EDUCATORS, CIVIL SERVANTS, ACTIVE MILITARY NON-MEMBERS

FULL REGISTRATION

1st person from Lab/Office \$225 \$375 (add \$20 if after 9/02/11)
Additional Persons same Lab/Office \$195 \$295

Includes Exhibits, Hands-On Expo (credits available), Breaks, Door Prizes, Kickoff Reception (Thurs), Halftime Ceremony (Fri) Friday Lunch, Saturday Lunch, all Friday & Saturday seminars (except CDT Prep Course). SCDL Member Laboratories will receive one free SCDL Member Breakfast of Champions ticket per lab upon request for Sunday morning with a full registration (see below).

SATURDAY ONLY REGISTRATION

1st person from Lab/Office \$175 \$235 (add \$20 if after 9/02/11)
Additional Persons same Lab/Office \$155 \$215

Includes Exhibits, Hands-On Expo (credits available), Breaks, Door Prizes, Saturday Lunch, all Saturday seminars (except CDT Prep Course).

SPOUSE/GUEST REGISTRATION

Includes Exhibits, Kickoff Reception (Thurs), Halftime Ceremony (Fri), Friday & Saturday Lunch, Door Prizes. Spouse registrations do not qualify for seminars or continuing education credits.

CDT PREP COURSE/SATURDAY ONLY

Includes exhibits, 8 hr. preparatory class for Comprehensive/RG/Specialty written exams and practical exams on Saturday, Saturday lunch. If you wish to take the written exam on Sunday, you must register for the exam directly with NBC at 1-800-684-5310. Pre-registration for the exam is required. To add Friday to this package, please call the SCDL office for assistance.

OPTIONS & EXTRAS:

Friday Lunch (included in Full Registration, Friday Only Registration, & Spouse/Guest Registration) \$ 35
Saturday Lunch (included in Full Registration, Saturday Only Registration, & Spouse/Guest Registration) \$ 40
Breakfast of Champions—SCDL Members ONLY! (Sunday) \$ 25

ONE ticket per SCDL member lab is complimentary with a FULL Registration to one of your designated representatives when requested with registration below (CHECK BOX). Additional employees of member labs & members with other than Full Registration, may purchase tickets.

NAME: _____ CDT/RG/DDS/DMD#: _____ NICKNAME: _____ TOTAL FEE: _____
 Full Registration Saturday Only Spouse Registration CDT Prep Course Friday Lunch Saturday Lunch Breakfast of Champions
 Lab Owner Technician Dentist Spouse/Guest Student Other (specify) _____ Special Diet/Needs (specify) _____

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PAYMENT METHOD: Check (payable to SCDL) Visa MasterCard American Express Amount Authorized: \$ _____

Cardholder Name: _____ Signature: _____

Card Number: _____ Exp. Date: _____

If using **Visa** or **MasterCard**, please enter three digit number from back of card - usually in signature block (following credit card number). _____ (Required)

If using **American Express**, please enter four digit number (from front of card above credit card number) _____ (Required)

Address for Credit Card Statement (required): _____ Zip Code for Card Billing: _____

Mail or fax Registration to:
SOUTHEASTERN CONFERENCE OF DENTAL LABORATORIES, INC.
PO Box 206 Elkin, NC 28621

Questions: Phone: 336-835-9251 Fax: 336-835-9243 Email: contactus@scdl-online.org

Pre-Registration Deadline: Must RECEIVE by 9/02/11. No Show = No Refund

Cancellations RECEIVED in writing prior to 9/02/11 may receive refund after show less a \$25 processing fee (no refunds for hands-on registrations).

Cancellations received after September 2, 2011 will not receive a refund.

SCDL assumes no responsibility other than refunding registration fees paid if the program is cancelled due to any reason that is out of the control of the sponsor.

By completing this registration form, it is acknowledged that exhibitors will receive an attendance roster with attendees contact information.

I understand that my photograph may be taken and used in future promotional items.

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SHOW OUR EXHIBITORS THAT YOU APPRECIATE THEIR SUPPORT AND PARTICIPATION AT THE SOUTHEASTERN CONFERENCE. SAY "THANK YOU" BY PLACING AN ORDER!



MEMBERSHIP APPLICATION



Southeastern Conference of Dental Laboratories, Inc.
PO Box 206 • Elkin, NC 28621
Phone: 336-835-9251 • Fax: 336-835-9243 • Email: contactus@scdl-online.org • Website: www.scdl-online.org

Any Commercial Dental Laboratory, owned and operated by a person or persons of good reputation, shall be eligible to apply for membership. Membership shall be in the name of the laboratory and will be on a calendar year basis. Membership will automatically renew and laboratory will be billed accordingly unless written notification is received in the SCDL office at least thirty days prior to the end of the calendar year. Dues for full year must accompany application. Membership benefits include reduced registration fees, advance registration notification, business insurance options & complimentary AD&D insurance policy-1 per lab. A reinstatement fee of \$50 will apply if my membership lapses for non-payment of dues or voluntary withdrawal from membership. **Just one two-day registration package per lab gives an 100% return on your investment; more registrations = more ROI.** For more information on membership benefits, please visit our website at www.scdl-online.org.

LABORATORY: Any person, firm or corporation (Commercial Dental Laboratory) that meets the above requirements. Designated representative from Laboratory Member Laboratories shall be eligible to vote on all issues presented to the General Membership (one vote per laboratory) and hold office. **Fee: \$150/year**

ASSOCIATE: Any person, firm or corporation not holding any proprietary interest in a Commercial Dental Laboratory. **Fee: \$150/year**

TYPE OF MEMBERSHIP REQUESTED: LABORATORY ASSOCIATE

Laboratory/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Please list all Owners: _____

Designated representative for insurance purposes: _____

Other association affiliations: _____

Signature of owner or authorized agent: _____ Title: _____

PAYMENT METHOD: Check (payable to SCDL) Visa MasterCard American Express Amount Authorized: \$ _____
Cardholder Name: _____ Signature: _____
Card Number: _____ Exp. Date: _____
If using **Visa** or **MasterCard**, please enter three digit number from back of card - usually in signature block (following credit card number). _____ (Required)
If using **American Express**, please enter four digit number (from front of card above credit card number) _____ (Required)
Address for Credit Card Statement (required): _____ Zip Code for Card Billing: _____