

**Southeastern Conference of Dental Laboratories, Inc.**

**51st Annual Meeting**

PO Box 206 • Elkin, NC 28621

Phone: 336-835-9251 Fax: 336-835-9243

Dates of Event: September 15-18, 2011

Company: \_\_\_\_\_

Address: \_\_\_\_\_

On Site Contact (Required): \_\_\_\_\_

Contact's Cell Number (Required): \_\_\_\_\_

Please check items you wish to order for your booth. Pricing is inclusive of taxes and service charges.

**32" LCD Monitor on pole stand: \$495 per weekend \_\_\_\_\_**

**40" LCD Monitor on a pole stand: \$620 for weekend \_\_\_\_\_**

**46" LCD Monitor on a pole stand: \$745 for weekend \_\_\_\_\_**

**(If you prefer, a tall AV cart may be used with monitors in lieu of a pole stand)**

**Camcorder on a tripod or clamped to the pipe and drape: \$325 per weekend**

**Camcorder with tripod \_\_\_\_\_ Camcorder clamped to pipe & drape \_\_\_\_\_**

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Payment Method: Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Amount Authorized: \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address & Zip Code: \_\_\_\_\_

**CVV#:** If using Visa or MasterCard, please enter 3-digit number from back of card –usually in signature block \_\_\_\_\_

**CVV#:** If using American Express, please enter 4-digit number from front of card –usually above credit card number \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form to the SCDL office by September 02, 2011  
Additional fees will apply for orders received after September 02, 2011