



ECDL OFFICIAL REGISTRATION FORM

SEPTEMBER 24-25

2021

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

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

	NCDLA/ECA Members & Active Military	Non-Members
PACKAGE A (Two-Day)	\$199*	\$299*
Includes Fri/Sat seminars (excludes Demo unless added below); Fri/Sat lunch; exhibits; table clinics; breaks; eligible for door prizes.		
PACKAGE B (Friday only)	\$150*	\$250*
Includes Fri seminars (excludes Demo unless added below); Fri lunch; exhibits; table clinics; breaks; eligible for door prizes.		
PACKAGE C (Saturday only)	\$150*	\$250*
Includes Sat seminars (excludes Demo unless added below); Sat lunch; exhibits; table clinics; breaks; eligible for door prizes.		
PACKAGE D (Exhibit Hall Only Pass)	\$50	\$50
Includes exhibits; table clinics; CE credits. Eligible for door prizes. Does <u>not</u> include seminars, Demo, meals, or breaks.		

A LA CARTE

Demo: VITA North America.....Sept. 25.	\$99 per attendee (must be registered with Package A, B, C, or D)
Friday Lunch 'n Learn/Awards. Sept. 24 11:30-12:45p. Included in Pkg A; B (Fri).	\$35 per ticket
Saturday Lunch.....Sept. 25 12:30-1:30p. Included in Pkg A; C (Sat)	\$35 per ticket
Half the Pot Raffle Tickets..... Indicate on registration form how many tickets you will be purchasing.	\$ 5 each or 5 for \$20
Squares for Smiles Game..... Indicate on registration form how many squares you will be purchasing	\$20 per square

Numbers for all squares purchased with pre-registration will be randomly assigned

***Add onsite fee of \$20 per person after 9-17-2021. (To avoid onsite fees, registration accompanied with payment must arrive at NCDLA/ECDL office by 9-17-2021.)**

NAME: _____	CDT/RG#: _____	-00 NICKNAME: _____	TOTAL FEE: \$ _____
<input type="checkbox"/> NCDLA Member <input type="checkbox"/> ECA Member <input type="checkbox"/> Active Military <input type="checkbox"/> Lab Owner	<input type="checkbox"/> Technician <input type="checkbox"/> Hygienist <input type="checkbox"/> Dentist <input type="checkbox"/> Student	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Raffle Tickets @ \$5 each or 5 for \$20: # of tickets _____	<input type="checkbox"/> Squares @ \$20 each # of squares _____ <input type="checkbox"/> Pkg A (2-Day) <input type="checkbox"/> Pkg B (Friday) <input type="checkbox"/> Pkg C (Saturday) <input type="checkbox"/> Pkg D (Exh Hall Only)
<input type="checkbox"/> Sat Demo @ \$99	<input type="checkbox"/> Fri Lunch 'n Learn:	<input type="checkbox"/> Sat Lunch	<input type="checkbox"/> Food Allergies: _____

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<input type="checkbox"/> Sat Demo @ \$99	<input type="checkbox"/> Fri Lunch 'n Learn:	<input type="checkbox"/> Sat Lunch	<input type="checkbox"/> Food Allergies: _____

registration payment information

REGISTRATIONS WILL BE ACCEPTED VIA EMAIL/FAX WHEN ACCOMPANIED BY CREDIT CARD INFORMATION. PAYMENT MUST ACCOMPANY ALL REGISTRATIONS. YOU MAY NOT ADJUST REGISTRATION FEES IN LIEU OF MEALS.

Payment Method: Visa MasterCard American Express Discover Check (Payable to NCDLA) Total Amount: \$ _____
 Cardholder Name: _____ Signature: _____
 Credit Card Number: _____ Exp Date: _____ CV# (3- or 4-digit security code; required): _____
 Billing Address: _____ Billing Zip Code: _____

Pre-Registration Deadline: Must be RECEIVED by 9-17-2021. Please allow 10 days for mail delivery. Refund requests cannot be accepted after 9-17-2021. NO SHOW = NO REFUND! Requests for reasonable accommodations as provided by the Americans with Disabilities Act (ADA), must be received in writing in the ECDL office by August 17, 2021. Cancellations RECEIVED in writing at the ECDL office PRIOR to 9-17-2021 will receive full refund post meeting, less a \$25 processing fee (see program book for cancellation policies). Active military personnel may register at member rates. Dental Laboratory Technology students may attend seminars free on a space available basis — includes exhibit hall; does not include meals. Student ID may be required. NCDLA 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.

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:

ECDL | PO Box 206, Elkin, NC 28621 | P: (336)975-0029 | F: (336)975-0033 | www.eastern-conference.com | contactus@eastern-conference.com

MEMBERSHIP



N.C. DENTAL LABORATORY ASSOCIATION, INC. & EASTERN CONFERENCE ALLIANCE (ECA) OFFICIAL MEMBERSHIP APPLICATION

*Name of Laboratory or Individual: _____ CDL? Y N

*Address: _____ City: _____ State: _____ Zip Code: _____

*Phone: _____ Toll Free: _____ *Fax: _____

*Email: _____ Alt. Email: _____ Website: _____

Number of years in lab business: _____ Number of years at this location: _____ Proprietorship Corporation Partnership

Total number of employees: _____ Total number of technical employees: _____ Total number of non-technical employees: _____

Check if the following work is performed in your lab: Dentures Partial Dentures Crown & Bridge Ceramics Ortho Full Service

Name of owner(s)/partner(s): _____ CDT? Y N CDT# _____ -00

Home Address of Representative: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Name of person(s) authorized to vote for lab at business meetings in designated voting order (if applicable):

Referred by: _____ Phone: _____

Referred by: _____ Phone: _____

In submitting this application, we understand it is our responsibility to become familiar with the contents and meaning of the constitution and bylaws of the appropriate State Association; and all laws, ordinances, or public regulations concerning the dental arts, and to abide thereby; and further, that it is our duty to participate in the affairs and activities of said Association. Further, it is understood for annual dues to continue to accrue until our membership is formally terminated in accordance with the bylaws of the Association.

Signature: _____ **Date:** _____

N.C. DENTAL LABORATORY ASSOCIATION, INC. & EASTERN CONFERENCE ALLIANCE (ECA) MEMBERSHIP CATEGORIES

- NCDLA Laboratory Membership**..... **Annual Dues: \$290**
NCDLA Laboratory Membership shall be open to any Commercial Dental Laboratory which has one or more locations in North Carolina and is owned and operated by a person or persons of good character and reputation. Laboratory Members shall have one vote and have all rights and privileges set forth in the bylaws of the NCDLA. Half year dues must accompany application. With this type of membership, all employees may register for meetings at the member rate.
- Eastern Conference Alliance (ECA) Laboratory Membership**..... **Annual Dues: \$290**
Eastern Conference Alliance (ECA) Laboratory Membership shall be open to any Commercial Dental Laboratory regardless of location and is owned and operated by a person or persons of good character and reputation.
- Eastern Conference Alliance (ECA) Individual Membership**..... **Annual Dues: \$99**
Eastern Conference Alliance (ECA) Individual Membership shall be open to any dental technician or staff of a dental laboratory including hospitals or military facilities located in North Carolina with the following exception: Owners, technicians, and staff, whether certified or uncertified, active or retired, owning any portion of a dental laboratory (commercial or private) inside the state of North Carolina do not qualify for membership in this category. This membership is also open to any individual dental technicians, owners or staff of a dental laboratory including hospitals or military facilities located outside North Carolina without exception.
- NCDLA Affiliate Membership**..... **Annual Dues: \$110**
NCDLA Affiliate Membership shall be open to representatives of manufacturers and suppliers to the dental industry.

membership payment information

NCDLA AND ECA APPLICATIONS WILL BE ACCEPTED VIA EMAIL/FAX WHEN ACCOMPANIED BY CREDIT CARD INFORMATION.
PAYMENT **MUST** ACCOMPANY ALL REGISTRATIONS.

Payment Method: Visa MasterCard American Express Discover Check (Payable to NCDLA) Total Amount: \$ _____

Cardholder Name: _____ Signature: _____

Credit Card Number: _____ Exp Date: _____ CV# (3- or 4-digit security code; required): _____

Billing Address: _____ Billing Zip Code: _____

MAIL, FAX, OR EMAIL MEMBERSHIP APPLICATION TO:

ECDL | PO Box 206, Elkin, NC 28621 | P: (336)975-0029 | F: (336)975-0033 | www.eastern-conference.com | contactus@eastern-conference.com