



ECDL OFFICIAL REGISTRATION FORM

NOVEMBER 9-10 2018

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/SCDLA/ECA Members & Active Military

Non-Members

PACKAGE A (Two-Day) \$199* \$299*
 Includes Fri/Sat seminars (excludes Hands-On); Fri/Sat lunch (Lunch 'n Learn for members only); Thurs Hospitality; Fri Networking Reception; exhibits; table clinics; breaks; eligible for door prizes.

PACKAGE B (Hands-On + Saturday) \$299* \$399*
 Includes Fri Hands-On; Sat seminars; Fri/Sat lunch (Lunch 'n Learn for members only); Thurs Hospitality; Fri Networking Reception; exhibits; table clinics; breaks; eligible for door prizes.

PACKAGE C (Exhibit Hall Only Pass) \$50 \$50
 Includes exhibits; table clinics; CE credits. Eligible for door prizes. *Does not include seminars, Hands-On, meals, or breaks.*

OPTIONS & EXTRAS

- Golf Outing** (Nov 8; Includes green fees; box lunch; range balls.) FREE** (pd by 10/17) \$45** (pd by 10/30) \$90 (pd after 10/30)
- Golf Club Rentals** (Indicate on registration form whether RIGHT or LEFT handed clubs are needed.) \$60
- Thursday Hospitality** (Nov 8; 7:30-9:30 PM. *Included in Pkg A; B*) \$35 per ticket
- Friday Awards Luncheon** (Nov 9; 11:00 AM-12:15 PM. *Included in Pkg A; B*) \$35 per ticket
- Saturday Lunch 'n Learn** (Nov 10; 12:15-1:15 PM. *Available in Pkg A; B. MUST be NC/SC/ECA member.*) \$35 per ticket (must select this option on registration form)
- Saturday Lunch-on-the-Run** (Nov 10; 11:15-12:15. *Included in Pkg A; B. Members may choose Lunch 'N Learn instead.*) \$35 per ticket
- Raffle Ticket** (Indicate on registration form how many tickets you will be purchasing) \$5 each or 5 for \$20

***Add onsite fee of \$20 per person after 11-01-18.** (To avoid onsite fees, registration accompanied with payment must arrive at NCDLA/ECDL office by 11-01-18.)

****Discounted golf prices apply to lab employees only. Excludes exhibitor/vendor representatives.**

Attendees: Check all that apply. Attach additional sheet or photocopy, if needed. Complete all requested information. Please refer to fees schedule and total each attendee separately. Include any designations (CDT, RG, TE, DDS, DMD, etc.)

NAME: _____ CDT/RG#: _____ -00 NICKNAME: _____ TOTAL FEE: \$ _____

- NCDLA Member SCDLA Member ECA Member Active Military Lab Owner Technician Hygienist Dentist Student Other: _____
 Package A Package B Package C Thurs Hospitality Golf (Thurs) Club Rental @ \$60: R L Raffle Tickets @ \$5 each (5 for \$20): # of tickets _____
 Fri Lunch Sat Lunch-on-Run Sat Lunch 'n Learn (Members only; no choice = Lunch-on-the-Run) Food Allergies: _____

NAME: _____ CDT/RG#: _____ -00 NICKNAME: _____ TOTAL FEE: \$ _____

- NCDLA Member SCDLA Member ECA Member Active Military Lab Owner Technician Hygienist Dentist Student Other: _____
 Package A Package B Package C Thurs Hospitality Golf (Thurs) Club Rental @ \$60: R L Raffle Tickets @ \$5 each (5 for \$20): # of tickets _____
 Fri Lunch Sat Lunch-on-Run Sat Lunch 'n Learn (Members only; no choice = Lunch-on-the-Run) Food Allergies: _____

NAME: _____ CDT/RG#: _____ -00 NICKNAME: _____ TOTAL FEE: \$ _____

- NCDLA Member SCDLA Member ECA Member Active Military Lab Owner Technician Hygienist Dentist Student Other: _____
 Package A Package B Package C Thurs Hospitality Golf (Thurs) Club Rental @ \$60: R L Raffle Tickets @ \$5 each (5 for \$20): # of tickets _____
 Fri Lunch Sat Lunch-on-Run Sat Lunch 'n Learn (Members only; no choice = Lunch-on-the-Run) Food Allergies: _____

NAME: _____ CDT/RG#: _____ -00 NICKNAME: _____ TOTAL FEE: \$ _____

- NCDLA Member SCDLA Member ECA Member Active Military Lab Owner Technician Hygienist Dentist Student Other: _____
 Package A Package B Package C Thurs Hospitality Golf (Thurs) Club Rental @ \$60: R L Raffle Tickets @ \$5 each (5 for \$20): # of tickets _____
 Fri Lunch Sat Lunch-on-Run Sat Lunch 'n Learn (Members only; no choice = Lunch-on-the-Run) Food Allergies: _____

NAME: _____ CDT/RG#: _____ -00 NICKNAME: _____ TOTAL FEE: \$ _____

- NCDLA Member SCDLA Member ECA Member Active Military Lab Owner Technician Hygienist Dentist Student Other: _____
 Package A Package B Package C Thurs Hospitality Golf (Thurs) Club Rental @ \$60: R L Raffle Tickets @ \$5 each (5 for \$20): # of tickets _____
 Fri Lunch Sat Lunch-on-Run Sat Lunch 'n Learn (Members only; no choice = Lunch-on-the-Run) Food Allergies: _____

NAME: _____ CDT/RG#: _____ -00 NICKNAME: _____ TOTAL FEE: \$ _____

- NCDLA Member SCDLA Member ECA Member Active Military Lab Owner Technician Hygienist Dentist Student Other: _____
 Package A Package B Package C Thurs Hospitality Golf (Thurs) Club Rental @ \$60: R L Raffle Tickets @ \$5 each (5 for \$20): # of tickets _____
 Fri Lunch Sat Lunch-on-Run Sat Lunch 'n Learn (Members only; no choice = Lunch-on-the-Run) Food Allergies: _____

Registration discounts available on Packages A & B only.

**2-5 persons per lab/company:
DEDUCT 5%**

**6-11 persons per lab/company:
DEDUCT 10%**

**12+ persons per lab/company:
DEDUCT 15%**

REGISTRATIONS:

Total Pkg A, B \$ _____
 Less Discounts - _____
 On-Site Fees + _____
 (\$20 per person after November 1)
 Total Pkg C + _____

EXTRAS:

Golf: + _____
Clubs: \$60 each
 Fri Awards Luncheon + _____
 Sat Lunch-on-the-Run + _____
 Sat Lunch 'n Learn + _____
 Raffle Tickets + _____
Total: \$ _____

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 11-01-18. Please allow 10 days for mail delivery. Refund requests cannot be accepted after 11-01-18. 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 October 12, 2018. **Cancellations RECEIVED in writing at the ECDL office PRIOR to 11-01-18 will receive full refund post meeting, less a \$25 processing fee with the exception of golf participants (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 and SCDLA 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.** The NCDLA and SCDLA are not responsible for any transportation liabilities.

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)835-9251 | F: (336)835-9243 | www.eastern-conference.com | contactus@eastern-conference.com