



Conference Registration

2016 Southwest Conference & Expo

April 7th-10th, 2016

Omni Mandalay Hotel at Las Colinas ☆ Irving, Texas

Please Print Legibly - Retain a copy for your records

Submit To:

DLAT
P.O. Box 118932
Carrollton, Tx 75011
Phone/Fax: 800-376-2955
Email:
2016Conference@dlat.org

Attendee Information:

Name: _____ CDT RG DDS Number*: _____
Company Name _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ (Required to receive a receipt)
Services offered: Crown & Bridge Complete Dentures Orthodontics
 Ceramics Cast Partials Full Service

Additional Registrations From Company:

Name: _____ CDT RG DDS Number*: _____
Name: _____ CDT RG DDS Number*: _____
Name: _____ CDT RG DDS Number*: _____

*Used for CE Tracking purposes

Registration: Please check which one that applies to you.

<p>Full Registration: <input type="checkbox"/> DLAT member \$175x__=\$_____ <input type="checkbox"/> Non-Member \$275x__=\$_____ Same Price for one day or Two! \$100 off last year's prices!</p>	<p>Includes all clinics both days (except CPR and Hands-On Clinics)</p> <ul style="list-style-type: none"> • Exhibit Hall, • Friday Night Reception, • Saturday Awards Luncheon • Hospitality Suite both nights 	<p>Friday:</p> <ul style="list-style-type: none"> • Breakfast on your own • Keynote Speaker • Non-Members: Lunch on your own <p>Members: (Lunch provided in DLAT Business meeting)</p> <p>Saturday:</p> <ul style="list-style-type: none"> • Breakfast on your own • Vendor day (4hr CE) • Awards Luncheon • Breakout Classes
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On-Site Registration: You are assessed a late fee as follows - Full Registration \$50

<p>Registration Add-on Options:</p> <p><input type="checkbox"/> Exclusive 1 Day Peter Pizzi Workshop \$299.00 <input type="checkbox"/> CPR Course \$55.00</p>	<p>Special Events:</p> <p>Fees for Guests not included in Registration:</p> <p><input type="checkbox"/> Golf Tournament - Thursday \$100.00 <input type="checkbox"/> DLAT Luncheon(Member's Guest) - Friday \$50.00 <input type="checkbox"/> Awards Luncheon - Saturday \$50.00</p>
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<p>Payment Options:</p> <p>Check Number: _____ Make Payable to: DLAT</p> <p>Credit Card Number _____ Exp. Date: _____ CVC: _____ Name on Card: _____ Address for card:(if different) _____ City: _____ State: _____ Zip: _____</p> <p>Signature _____ Date _____</p> <p><i>No pre-registrations accepted after March 31, 2016</i></p>	<p>Registration Totals:</p> <p>Registration Total: <input type="checkbox"/> Member x__ \$_____ Non-Member x__ \$_____ Registration Options: <input type="checkbox"/> CPR x__ \$_____ <input type="checkbox"/> Workshop x__ \$_____ Special Events: <input type="checkbox"/> Golf x__ \$_____ <input type="checkbox"/> Guest Lunch Fri. x__ Sat. x__</p> <p>Total: \$_____</p>
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Cancellation Policy: Written Notification is Required for all refunds. Requests received prior to March 20, 2016, will receive a refund less a \$15.00 administrative fee. No Refunds issued after March 20, 2015.

Contact the DLAT for Special Needs: 800.376.2955 or 2016conference@dlat.org