



# Fun 'n Sun Weekend

NOVEMBER 6-7, 2020

## OFFICIAL REGISTRATION FORM

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

### REGISTRATION CATEGORIES & FEES

#### PACKAGE A

**FRIDAY + SATURDAY**  
**\$150 MEMBER**  
**\$350 NON-MEMBER**

Includes Friday and Saturday seminars, Exhibit Hall access, table clinics, Friday Awards Luncheon, President's Hospitality, and Saturday Luncheon. Eligible to win CA\$H prizes.

#### PACKAGE B

**FRIDAY ONLY**  
**\$99 MEMBER**  
**\$250 NON-MEMBER**

Includes Friday seminars, Exhibit Hall access, table clinics, Friday Awards Luncheon, and President's Hospitality. Eligible to win CA\$H prizes.

#### PACKAGE C

**SATURDAY ONLY**  
**\$99 MEMBER**  
**\$250 NON-MEMBER**

Includes Saturday seminars, Exhibit Hall access, table clinics, and Saturday Luncheon. Eligible to win CA\$H prizes.

#### EXHIBIT HALL PASS

**NO CE CREDITS**  
**\$25**

Includes Exhibit Hall access and table clinics. Eligible to win CA\$H prizes. **MUST REGISTER** — name badge is required in Exhibit Hall. Does not include seminars, meals, or breaks. No CE credits for Exhibit Hall Only registration unless upgraded.

#### EXHIBIT HALL UPGRADE

**INCLUDES CE CREDITS**  
**\$50**

Includes Exhibit Hall access and table clinics. Eligible to win CA\$H prizes. **MUST REGISTER** — name badge is required in Exhibit Hall. Does not include seminars, meals, or breaks. CE credits are available for attending table clinics with upgraded Exhibit Hall Pass.

#### A LA CARTE ITEMS

**FRIDAY LUNCH TICKET**  
**\$35**

Included w/ Pkg A & B.

**SATURDAY LUNCH TICKET**  
**\$35**

Included w/ Pkg A & C.

LABORATORY / COMPANY: \_\_\_\_\_ FL Lab License #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL(S): \_\_\_\_\_

Any company with three (3) DTS members who have registered and paid to attend the 2020 Fun 'n Sun Weekend meeting may register any additional employee from the same company at member rates, with no DTS membership required. Call the DTS office at (336) 835-9251 for assistance with this opportunity. Students enrolled in the formal programs of Dental Laboratory Technology or Dentistry may register at no charge and may attend seminars on a space-available basis. Enter school name above. *Student ID required.* Complimentary student registration does not include meals or optional events.

Attendees: Attach additional sheet or photocopy, if needed. Complete all requested information. Please refer to above fees and total each attendee separately.

NAME: \_\_\_\_\_ CDT/RG#: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_  
 DTS Member  Lab Owner/Manager  Active Military  Student  Non-Member  Package A  Package B  Package C  Exhibit Hall Only  Exhibit Hall Upgrade  Hands-On  
 Friday Awards Lunch  Saturday Lunch  President's Hospitality Food Allergies/Dietary Restrictions: \_\_\_\_\_

NAME: \_\_\_\_\_ CDT/RG#: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_  
 DTS Member  Lab Owner/Manager  Active Military  Student  Non-Member  Package A  Package B  Package C  Exhibit Hall Only  Exhibit Hall Upgrade  Hands-On  
 Friday Awards Lunch  Saturday Lunch  President's Hospitality Food Allergies/Dietary Restrictions: \_\_\_\_\_

NAME: \_\_\_\_\_ CDT/RG#: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_  
 DTS Member  Lab Owner/Manager  Active Military  Student  Non-Member  Package A  Package B  Package C  Exhibit Hall Only  Exhibit Hall Upgrade  Hands-On  
 Friday Awards Lunch  Saturday Lunch  President's Hospitality Food Allergies/Dietary Restrictions: \_\_\_\_\_

NAME: \_\_\_\_\_ CDT/RG#: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_  
 DTS Member  Lab Owner/Manager  Active Military  Student  Non-Member  Package A  Package B  Package C  Exhibit Hall Only  Exhibit Hall Upgrade  Hands-On  
 Friday Awards Lunch  Saturday Lunch  President's Hospitality Food Allergies/Dietary Restrictions: \_\_\_\_\_

#### PAYMENT INFO

Registrations accepted via fax with credit card info. Payment must accompany all registrations. You may NOT adjust registration fees in lieu of meals.

Payment Method:  Visa  MasterCard  Discover  Check (Make payable to Dental Technicians Society) Total Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CV# (3-digit code on back; required): \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Pre-Registration Deadline: Must be RECEIVED by 10/26/20.** Please allow 10 days for mail delivery. Cancellations cannot be accepted after 10/26/20. **NO SHOW = NO REFUND!** Requests for reasonable accommodations as provided by the Americans with Disabilities Act (ADA), must be received in writing in the Dental Technicians Society (DTS) office by October 8, 2020. Cancellations RECEIVED in writing at the DTS office PRIOR to 10/26/20 will receive full refund post meeting, less a \$25 processing fee with the exception of fishing participants (see program book for cancellation policies). Active military personnel may register at member rates. DTS 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.** DTS is 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.*



DENTAL  
TECHNICIANS  
SOCIETY

# ASSOCIATION MEMBERSHIP

...it pays!

## MEMBERSHIP CATEGORIES

**TECHNICIAN MEMBERSHIP** shall be open to dental technicians or owners or staff of any commercial or private dental laboratory or dental practice including hospitals, military and teaching facilities. Technician members have the right to one vote in all matters before the General Membership, may hold elective/appointed office, and/or may serve on committees. Technician members shall be eligible to attend Association meetings at applicable member rates. Dues are on a calendar year basis.

**ANNUAL DUES: \$150.00**

**ASSOCIATE MEMBERSHIP** shall be open to individuals who do not meet the criteria for Technician, is a representative of a manufacturer or supplier, salespersons, friend of the industry or Society, or a practicing dentist. Associate members shall have all rights and privileges as set forth by the bylaws of the DTS. Associate members may not vote in matters before the General Membership. Associate members that represent manufacturers or vendors to the dental laboratories are eligible to be appointed to the Industry Advisor position. Dues are on a calendar year basis.

**ANNUAL DUES: \$300.00**

**STUDENT MEMBERSHIP** shall be open to any student actively enrolled in an institution offering a formally recognized dental technology program. Student members may serve on a Committee but are not eligible to vote in matters before the General Membership or hold office. Dues are on a calendar year basis.

**ANNUAL DUES: \$20.00**

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ CDT?  YES  NO  
CDT#: \_\_\_\_\_ -00

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PARISH: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ MOBILE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-MAIL 1: \_\_\_\_\_ E-MAIL 2: \_\_\_\_\_

EMPLOYER/SCHOOL (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PARISH: \_\_\_\_\_

*I am choosing not to go green. Please mail a printed membership certificate.*

## PAYMENT INFORMATION

*Payment for dues for one full year must accompany this application.*

PAYMENT METHOD:  VISA  MasterCard  Discover  Check (Payable to Dental Technicians Society) AMT AUTHORIZED: \$ \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ EXP DATE (MM/YY): \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ CVV (required): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PARISH: \_\_\_\_\_

*By submitting this application, I/we understand it is my/our responsibility to become familiar with the contents and meanings of the bylaws of the DTS and all laws, ordinances or public regulations concerning the dental laboratory industry, and to abide thereby. Further, it is my/our duty to participate in the affairs and activities of said Association. It is understood and agreed that my membership shall continue and I/we shall be liable for annual dues until membership is formally terminated in accordance with the bylaws of the Association.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return to Dental Technicians Society | PO Box 206 | Elkin, NC 28621 | [contactus@fun-n-sun-weekend.com](mailto:contactus@fun-n-sun-weekend.com) • Questions? (336)835-9251