



OFFICIAL REGISTRATION FORM

JULY 26-29
2018

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

REGISTRATION CATEGORIES & FEES

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

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.

	DTS/ADA Members or Active Military	Non-Members
PACKAGE A (Friday and Saturday) Includes Friday and Saturday seminars, Exhibit Hall access, table clinics, Friday Awards Luncheon, President's Hospitality (Friday evening), and Saturday Luncheon. Eligible to win CASH prizes.	\$150	\$305
PACKAGE B (Friday Only) Includes Friday seminars, Exhibit Hall access, table clinics, Friday Awards Luncheon, and President's Hospitality (Friday evening). Eligible to win CASH prizes.	\$99	\$195
PACKAGE C (Saturday Only) Includes Saturday seminars, Exhibit Hall access, table clinics, and Saturday Luncheon. Eligible to win CASH prizes.	\$99	\$195
EXHIBIT HALL ONLY Includes Exhibit Hall access and table clinics. Eligible to win CASH prizes. MUST REGISTER — name badge is required in Exhibit Hall. <i>Does not include seminars, meals or breaks. No CE credits for Exhibit Hall Only registration. Golf and fishing participants must have at least an Exhibit Hall Only pass.</i>	\$25	\$25

SPECIAL EVENTS, OPTIONAL ITEMS, AND EXTRAS

Golf Tournament (Thursday, July 26) <i>Includes lunch. Discounted pricing for DTS Members courtesy of Kulzer. Clubs can be rented for an additional \$35. See pg 6 of program book for add'l info, exclusions, and cancellation policy.</i>	\$45 (DTS Members only, if paid by 7/16/18)	\$90 (Members if paid after 7/16/18, non-members, and vendors)
Fishing Tournament (Thursday, July 26) <i>Includes lunch, beverages, tackle, and bait. Discounted pricing for DTS Members courtesy of Cora Refining. See pg 7 of program book for add'l info, exclusions, and cancellation policy.</i>	\$75 (DTS Members only)	\$180 (Non-members and vendors)
Friday Awards Luncheon (Friday, July 27) <i>Features installation of officers and presentation of awards.</i>	\$35 (included in 2-Day Package and 1-Day Friday Package)	
Saturday Luncheon (Saturday, July 28)	\$35 (included in 2-Day Package and 1-Day Saturday Package)	

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:\$ _____
<input type="checkbox"/> DTS Member <input type="checkbox"/> Lab Owner/Manager <input type="checkbox"/> Active Military <input type="checkbox"/> Student <input type="checkbox"/> Package A <input type="checkbox"/> Package B <input type="checkbox"/> Package C <input type="checkbox"/> Exhibit Hall Only <input type="checkbox"/> Fri Hands-On (no add'l charge) <input type="checkbox"/> Sat Hands-On (no add'l charge)	<input type="checkbox"/> Fishing <input type="checkbox"/> Golf (Club Rentals @\$35: <input type="checkbox"/> Left-handed <input type="checkbox"/> Right-handed) <input type="checkbox"/> Friday Awards Luncheon <input type="checkbox"/> Saturday Luncheon	Food Allergies: _____	
NAME: _____	CDT/RG#: _____	NICKNAME: _____	TOTAL:\$ _____
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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 7-16-18. Please allow 10 days for mail delivery. Cancellations cannot be accepted after 7-16-18. **NO SHOW = NO REFUND!** Requests for reasonable accommodations as provided by the Americans with Disabilities Act (ADA), must be received in writing in the Dental Technicians Society (DTS) office by June 29, 2018. Cancellations RECEIVED in writing at the DTS office PRIOR to 7-16-18 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.*

Mail, fax, or email registration form(s) to:

Fun 'n Sun Weekend c/o DTS | PO Box 206, Elkin, NC 28621 | Phone: (336)835-9251 | Fax: (336)835-9243 | contactus@fun-n-sun-weekend.com