



Cal-Lab Group 84th Annual Meeting • February 25-26, 2010  
**OFFICIAL REGISTRATION FORM – PLEASE READ CAREFULLY AND COMPLETE ALL APPLICABLE AREAS**

LABORATORY/COMPANY: \_\_\_\_\_ CDL?  YES  NO  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**COMPLIMENTARY REGISTRATIONS:**

Per Cal-Lab Group policy, up to two (2) qualifying attendees per MEMBER LAB may receive complimentary registrations as part of your membership benefit. Qualifying attendees include owners, employees, spouses, and/or paid consultants.

NAME: \_\_\_\_\_ CDT/RG/DMD/DDS/Other: \_\_\_\_\_ #: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ THURS. LUNCH?  YES  NO  
 (Circle applicable suffix)

NAME: \_\_\_\_\_ CDT/RG/DMD/DDS/Other: \_\_\_\_\_ #: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ THURS. LUNCH?  YES  NO  
 (Circle applicable suffix)

SUGGESTED TOPIC(S) FOR CLOSED FORUM: \_\_\_\_\_

**ADDITIONAL ATTENDEES @ \$150 PER PERSON:**

Additional qualifying attendees from MEMBER LABS may register at a cost of \$150 per person. Qualifying attendees include owners, employees, spouses, and/or paid consultants. Non-member guests are **NOT** permitted.

NAME: \_\_\_\_\_ CDT/RG/DMD/DDS/Other: \_\_\_\_\_ #: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ THURS. LUNCH?  YES  NO  
 (Circle applicable suffix)

NAME: \_\_\_\_\_ CDT/RG/DMD/DDS/Other: \_\_\_\_\_ #: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ THURS. LUNCH?  YES  NO  
 (Circle applicable suffix)

NAME: \_\_\_\_\_ CDT/RG/DMD/DDS/Other: \_\_\_\_\_ #: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ THURS. LUNCH?  YES  NO  
 (Circle applicable suffix)

**REGISTRATIONS WILL BE PROCESSED UPON RECEIPT OF 2010 DUES. FOR YOUR CONVENIENCE, YOU MAY PREPAY YOUR 2010 DUES (JANUARY 1 - DECEMBER 31, 2010) WITH YOUR REGISTRATION.**

Additional Attendees @ \$150 per person	\$	_____	+	2010 Cal-Lab Dues @ \$400	\$	_____	=	\$	_____
									<b>TOTAL</b>

**PAYMENT METHOD:**  Check (payable to Cal-Lab Group, Inc.)  VISA  MasterCard  AmEx **Amount Authorized \$** \_\_\_\_\_

ALL PAYMENTS **MUST** BE MADE IN US DOLLARS. FOR WIRE TRANSFERS, CONTACT THE CAL-LAB OFFICE - ACCOUNT INFORMATION HAS RECENTLY CHANGED.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

CC Statement Address: \_\_\_\_\_

Statement Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

If using **Visa** or **MasterCard**, please enter three digit number from back of card (usually in signature block, following credit card number) \_\_\_\_\_

(Required)

If using **AmEx**, please enter 4 digit number from front of card (located above credit card number): \_\_\_\_\_

(Required)

**Early Registration Deadline: Receive by 2/11/10**

**NO SHOW = NO REFUND**

*Cancellations for additional attendees RECEIVED in writing prior to February 11, 2010 may receive refund after show less a \$25 processing fee each. No refunds after February 11, 2010. Dues may not be refunded and unused complimentary registrations have no cash value.*

Cal-Lab Group, Inc. assumes no responsibility other than refunding registration fees paid if the program is cancelled due to any reason that is out of the control of the sponsor.

By registering for this meeting, I understand that my contact information may be provided to the participating exhibitors and that my photo could be used in highlights and/or promotional materials.

Requests for reasonable accommodations as provided by the ADA, must be received in writing in the Cal-Lab Group office by January 15, 2010.

**Mail or Fax registration to:**

Cal-Lab Group, Inc. • PO Box 206 • Elkin, NC 28621 • Phone: 336-835-9251 • Fax: 336-835-9243  
 Email: contactus@cal-lab.org • Website: www.cal-lab.org