



**DENTAL TRADE ALLIANCE**

**Mini Dental School**

**June 10-11, 2008**

**Event Registration Form**

University of Colorado Denver, School of Dental Medicine  
Lazzara Center for Oral-Facial Health, 13065 E. 17<sup>th</sup> Avenue, Aurora, CO 80010  
Phone (303) 724-7121/800-736-1911, www.uchsc.edu

**Registration: \$1,200 per person.** Please return this form promptly. **(Space limited)**

Please complete a separate form for each attendee. You will receive a confirmation from DTA prior to the event.

**Tuesday, June 10, 2008**

7:00 am – 5:00 pm. Continental Breakfast & Lunch is included. Transportation from the hotel to the University is provided.

**Wednesday, June 11, 2008**

7:00 am – 3:30 pm. Continental Breakfast & Lunch is included. Transportation from the hotel to the University is provided.

**Please fill in all blanks and print legibly.**

<b>Name:</b>		<b>Title:</b>			
<b>Company:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>Fax:</b>			
<b>E-mail:</b>					
<b>Guarantee with:</b>	<input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard    (OR) <input type="checkbox"/> Check Enclosed \$ _____				
<b>Card Number:</b>				<b>Expiration Date:</b>	

**Name on Card:** \_\_\_\_\_

**Signature Required:** \_\_\_\_\_

**Event Registration**

Please fax **OR** mail completed **"EVENT"** registration form to DTA

Attn: Denise Bundy, DTA, 2300 Clarendon Blvd., Suite 1003, Arlington, VA 22201

Phone: (703) 379-7755; Fax: (703) 931-9429; e-mail: [denisebundy@dentaltradealliance.org](mailto:denisebundy@dentaltradealliance.org)

**Event Cancellation Policy:**

**Cancellation Policy:** Because of the small class size, cancellations for refund must be made 30 days in advance. A \$50 cancellation fee will apply. For cancellations received within 30 days, credit will be given for a future seminar. No credit will be given for cancellations within 3 days of the event. No credit or refund for no-shows.