



18 - 20 SEPTEMBER 2008

JW MARRIOTT PENNSYLVANIA AVE. ♦ WASHINGTON, DC

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NAME (as it is to appear on your name badge)

TITLE/DEGREE

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POSITION (if applicable)

SPECIALTY (required)

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AFFILIATION/INSTITUTION

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STREET ADDRESS

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CITY

STATE/PROV

ZIP CODE

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COUNTRY

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PHONE

EXTENSION

FAX

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EMAIL (required for confirmation)

Georgetown University Hospital Center for Wound Healing Tour includes roundtrip bus transportation to and from the JW Marriott.

8:30 AM Tour (Departs from Georgetown at 10:00 AM.)

9:30 AM Tour (Departs from Georgetown at 11:00 AM.)

REGISTRATION FEES

	BEFORE DEC 31	BEFORE APRIL 1	BEFORE JULY 1	BEFORE SEPT 8	SEPT 8 THRU ONSITE	1 DAY PRICE
Physicians	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800	<input type="checkbox"/> \$350
Nurses/Technicians/Allied Health	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$250
Residents / Students*	<input type="checkbox"/> \$150 (*A letter from a Program Director must accompany your registration to receive this discount)					
Industry Professional	<input type="checkbox"/> \$750					

REGISTRATION ♦ Tuition ♦ Online Course Materials ♦ 25 CMEs/Contact Hours ♦ Five Refreshment Breaks

INCLUDES ♦ Welcome Reception & Dinner With Open Bar ♦ Two Breakfasts & Lunches
 ♦ Tour of Georgetown University Hospital Center for Wound Healing

GUEST FEES

Companion \$100 Includes Welcome Reception & Dinner with Open Bar, All Conference Meals, and Access to Exhibits

Reception \$50 Includes Welcome Reception & Dinner with Open Bar

Guest Name _____

CANCELLATION POLICY If your registration must be cancelled, the course fee less \$150 administrative costs will be refunded if we are notified in writing by August 15, 2008. • After August 15, 2008, no refunds will be given.

Certificates of Attendance will be issued on-site. Duplicate certificates after the conference...\$50

PAYMENT METHOD

Enclosed is a check in the amount of \$ _____ (Please make checks payable to Georgetown University Hospital)

Charge my credit card the amount of \$ _____ Visa MasterCard American Express Discover

Card# _____ Exp. Date ____/____ Security PIN # _____ (3 or 4 digit number on back of card)

Cardholder's Name (please print) _____ Signature _____

Or Register online at www.DLSConference.com

YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR REGISTRATION

MAIL TO: DLS ADMINISTRATIVE HEADQUARTERS • 1018 HARDING STREET • SUITE 207 • LAFAYETTE, LA 70503

FAX: 337.235.7300 • **TEL:** 337.235.6606 • registration@dlsconference.com • www.dlsconference.com

CONFERENCE HOTEL • JW MARRIOTT PENNSYLVANIA AVENUE

1331 Pennsylvania Avenue NW • Washington, DC 20004 • Reservations 800-266-9432 • 801-832-4532

DLS Conference Rate \$269 • Mention "Diabetic Limb Salvage" or "DLS" to secure discounted conference rate