

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

POSITION (if applicable)	SPECIALTY (required)

AFFILIATION/INSTITUTION

STREET ADDRESS

CITY	STATE/PROV	ZIP CODE

COUNTRY

PHONE	EXTENSION	FAX

EMAIL (required for confirmation)

REGISTRATION FEES

	BEFORE JAN 1	BEFORE FEB 16	BEFORE MAY 3	BEFORE JULY 12	BEFORE SEPT 13	BEFORE OCT 13	OCT 13 THRU ONSITE
MDs/DOs/DPMs	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800	<input type="checkbox"/> \$850	<input type="checkbox"/> \$900
RNs/NPs/Allied Health Professionals	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
MDs—One Day	<input type="checkbox"/> \$375	<i>Check One:</i>	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.		
RNs/Allied Health Professionals—One Day	<input type="checkbox"/> \$325	<i>Check One:</i>	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.		
Residents / Students*	<input type="checkbox"/> \$150 (*Proof Required)						
Industry	<input type="checkbox"/> \$750						

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 _____

REGISTRATION INCLUDES ♦ Tuition ♦ Online Course Webcast ♦ CMEs/Contact Hours ♦ Five Refreshment Breaks
 ♦ Welcome Reception & Dinner With Open Bar ♦ Two Breakfasts & Lunches ♦ Hands-On Workshops
 ♦ Tour of Georgetown University Hospital Center for Wound Healing

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|---|---|
| <input type="checkbox"/> Thursday 8:30 AM Tour (Returns at 10:30 AM.)
<input type="checkbox"/> Friday 8:30 AM Tour (Returns at 10:30 AM.)
Georgetown tour includes roundtrip bus to/from hotel. | <input type="checkbox"/> Thursday Ex-Fix Workshop (8:00 - 10:30 AM.)
Foundational VAC® Therapy Competency (ANCC Accredited)
<input type="checkbox"/> Thurs. 7:00 - 11:00 AM <input type="checkbox"/> Sat. 7:30 - 11:30 AM |
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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 September 9, 2010. After September 9, 2010, no refunds will be given.*

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 Code # _____
 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 WASHINGTON, DC
 1331 Pennsylvania Avenue NW • Washington, DC 20004 • Reservations 800-266-9432 • 801-832-4532
 DLS Conference Rate \$293 • Mention "Diabetic Limb Salvage" or "DLS" to secure discounted conference rate