A TEAM APPROACH
DIABETIC LIMB SALVAGE
GEORGETOWN UNIVERSITY HOSPITAL

CONFERENCE REGISTRATION

11 – 13 October 2012

JW Marriott Washington, DC

PLEASE PRINT

NAME

TITLE/DEGREE POSITION

SPECIALTY: General Surgery ☐ Internal Medicine ☐ Orthopaedic Surgery ☐ Plastic Surgery ☐ Podiatry ☐ Vascular Surgery ☐
Wound Care ☐ Other ______________________

AFFILIATION/INSTITUTION

STREET ADDRESS

ADDRESS LINE 2

CITY STATE/PROV ZIP CODE

COUNTRY PHONE

EMAIL *(required for confirmation)*

REGISTRATION FEES

	Before March 15	March 2 thru May 10	May 11 thru July 24	July 25 thru Oct 2	Oct 3 thru onsite
MDs/DOs/DPMs	☐ $600	☐ $700	☐ $800	☐ $850	☐ $900
RNs/NPs/Allied Health Professionals	☐ $350	☐ $450	☐ $500	☐ $550	☐ $600
MDs–**One Day**	☐ $375	*Check One:*	☐ Thur.	☐ Fri.	☐ Sat.
RNs/Allied Health Professionals–**One Day**	☐ $325	*Check One:*	☐ Thur.	☐ Fri.	☐ Sat.
Residents / Students*	☐ $150 (*Proof Required)				
Industry	☐ $750				

GUEST FEES

Companion ☐ $100 Includes Welcome Reception, All Conference Meals, and Access to Exhibits
Reception ☐ $50 Includes Welcome Reception
Guest Name____________________

REGISTRATION INCLUDES ◆ Tuition ◆ Online Course Webcast ◆ CMEs/Contact Hours ◆ Five Refreshment Breaks ◆ Welcome Reception ◆ Two Breakfasts & Lunches ◆ Hands-On Workshops ◆ Tour of Georgetown University Hospital Center for Wound Healing including roundtrip bus to/from hotel

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 3, 2012. After September 3, 2012, 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________________________

Register online at www.DLSconference.com or fax to 337.235.7300

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 • 506-474-2009
DLS Conference Rate $299 • Mention "Diabetic Limb Salvage" or "DLS" to secure discounted conference rate