



Registration Form
2008 Dolphin Meeting, Europe
 Berlin, Germany
 October 3 & 4, 2008
 Please complete this entire form.



Practice/Institution: _____

Address: _____

City, State/Province, Country: _____

Zip code/Postal code: _____

Telephone: _____ Fax: _____ email: _____

Specialty: Ortho Pedo GP OMS Lab Other _____

Name of attendees:

	Email	Mobile
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Yes, we are attending hands-on class*. How many people will be attending? ____ #of people
 Model of Camera _____

*space is limited, please register early. * Cameras or laptops are required for the hands-on course respectively

Fee Calculation:

	Quantity	Total
Early Registration fee: USD 395. Ends June 30, 2008	_____	US\$ _____
Standard Registration fee: USD 495. Ends August 29, 2008	_____	US\$ _____
Late Registration fee: USD 595. Ends September 15, 2008	_____	US\$ _____

Payment method: Visa MasterCard Discover

Name on Card: _____

Card #: _____

Expires: _____

Signature: _____

Signature from "Head of Department"

*All above information is required in order to complete you registration

Cancellation/Refund Policy: No refund after July 31, 2008

How to register: Fax +1.818.435.1369
For additional information: Call +1.818.435.1368 or
 email info@dolphinimaging.com