

# Application Form

**Application and all attachments must be returned to NADL by Sept. 1.**

*See reverse of this page for items to include with application*

Name: \_\_\_\_\_ CDT/RG/DDS/DMD/Other: \_\_\_\_\_

Dental Laboratory: \_\_\_\_\_  CDL  DAMAS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dental Technology Program Attended: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

NADL Membership Number: \_\_\_\_\_ (required for membership discount)

**Please type your answers to the following questions on a separate sheet and include it with your application.**

1. How long have you been with your current employer or owned your laboratory?
2. List any previous work experience in the dental laboratory industry (employers, positions and dates) or attach a copy of your resume.
3. Briefly state your present job responsibilities.
4. Briefly state some of the contributions that you have made in your position.
5. List any dental technology management courses you have attended (dates, topic and sponsoring organization).
6. List your membership in and service to any local, state, regional or national dental laboratory associations.
7. What are your future goals and career aspirations in the dental laboratory industry?
8. If your county or city requires an occupational license or your state requires the dental laboratory to be registered, is your business in compliance with such requirements?
9. State the goals you wish to accomplish by attending NADL University (in 500 words or fewer).

**I declare that I have read the guidelines for the NADL University program and submit this application subject to those conditions. The information reported is true and complete.**

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information

**Tuition:** \$2,000.00 for NADL Members, \$2,900.00 for Non-NADL Members

Enclosed is my check made out to "NADL" in the amount of \$ \_\_\_\_\_

Charge to my credit card  Master Card  Visa  American Express

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code\*: \_\_\_\_\_

\*This is the 3 digit number found next to the signature panel on the back of the card. AMEX ONLY - This is the 4 digit number found on the front of your card.

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Return application and documents to:  
NADL Meetings Department, 325 John Knox Rd, Ste L103, Tallahassee, FL 32303

**For questions regarding NADL University or this application, please contact the NADL Meetings Department at (800) 950-1150 or meetings@nadl.org.**

