

HOW DO I REGISTER?

1. Register online at: www.labqualityconfab.com
2. Call 800-560-6363. Our friendly staff can register you as well as answer any questions you may have.
3. Fax this completed form to:
512-264-0969
4. Mail the form with payment to:
THE DARK REPORT
21806 Briarcliff Drive
Spicewood, TX 78669

TUITION DETAILS:

Seminar tuition is payable to THE DARK REPORT. Tuition includes all meeting materials, lunches and refreshments, plus the evening receptions on Monday and Tuesday.

Tuition Calculator

Lab Quality Confab (SEPTEMBER 29-30)	# people x		= \$
Register on or before September 12	_____ x \$845	=	\$ _____
Register after September 12	_____ x \$945	=	\$ _____
Less discounts (if applicable, 2 or more)	_____ x \$ 50	=	\$ _____

OPTIONAL POST-EVENT ACTIVITIES (OCTOBER 1)

Lean Boot Camp – Achieving Mastery with Concepts, Implementation and Outcomes

(Full Day Seminar) (8am – 4:30pm)	# people x		= \$
Register on or before September 12	_____ x \$375	=	\$ _____
Register after September 12	_____ x \$425	=	\$ _____

Simplified Six Sigma: Four Easy-to-Use Tools for Fast, Impressive Results in Your Laboratory

(Half Day Seminar) (8am – 1pm)	# people x		= \$
Register on or before September 12	_____ x \$249	=	\$ _____
Register after September 12	_____ x \$299	=	\$ _____

TOTAL TUITION: \$ _____

Lab Quality Confab is produced by THE DARK REPORT • 21806 Briarcliff Dr., Spicewood, TX 78669 • 512-264-7103

Please provide information as you would like it to appear on your badge.

Name 1 _____

Title _____

Email _____

Organization _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip+4 _____

Name 2 _____

Title _____

Email _____

Name 3 _____

Title _____

Email _____

Name 4 _____

Title _____

Email _____

Groups of 2 or more save \$50 per registration.

METHOD OF PAYMENT:

___ Check made payable to: THE DARK REPORT

Mail to: THE DARK REPORT
21806 Briarcliff Dr
Spicewood, TX 78669

Note: THE DARK REPORT
Fed.Tax ID No: 93-1187430

___ Please Charge My:



Visa



Mastercard



American Express

Number _____ / _____ Expiration date

Signature _____

___ Credit card billing address is same as above

If different than above, please enter credit card billing address:

Address _____

City _____ State _____ Zip+4 _____

___ Please bill me and guarantee my registration upon receipt of payment.

___ Purchase order # _____