

HOW DO I REGISTER?

1. Register online at: www.labqualityconfab.com/register
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, as well as the evening receptions on Monday and Tuesday.

Tuition Calculator

Lab Quality Confab and Process Improvement Institute (NOVEMBER 15-16)

- Groups of 2 or more save \$50 per registration.
- Groups of 3 or more save \$75 per registration.
- Groups of 4 or more save \$150 per registration.

| | # of people x | | |
|---|---------------|------|-------|
| Register on or before October 7 | _____ x \$845 | = \$ | _____ |
| Register after October 7 | _____ x \$945 | = \$ | _____ |
| Less discounts (if applicable, 2 or more) | _____ x \$ 50 | = \$ | _____ |
| Less discounts (if applicable, 3 or more) | _____ x \$ 75 | = \$ | _____ |
| Less discounts (if applicable, 4 or more) | _____ x \$150 | = \$ | _____ |

OPTIONAL POST-EVENT (November 17, 2011)

All-Day Seminar – (8:00 AM – 4:00 PM)

Lean for Lab Leaders: Achieving Mastery with Concepts, Implementation, and Outcomes

| | | | |
|---------------------------------|---------------|------|-------|
| Register on or before October 7 | _____ X \$399 | = \$ | _____ |
| Register after October 7 | _____ X \$449 | = \$ | _____ |

TOTAL TUITION: \$ _____

09/09/2011

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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 _____

METHOD OF PAYMENT:

Check made payable to: THE DARK REPORT

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

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

Please Charge My:



Visa



Mastercard



American Express

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Number

_____|_____|_____|

Expiration date

_____|_____|_____|

Security Code

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 # _____

\$100 Savings Deadline: October 7