



CONFERENCE REGISTRATION

REGISTER EARLY!

EVENT MAY SELL OUT

Applicant/Studio Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____

Categories	Number of Participants	Fee	Total
Studio Owner			
Teacher			
Administrator			
Lunch Q & A *Add On			

Event Information

August 7-9, 2020
Omni Championsgate Hotel
1500 Masters Blvd.
Orlando, FL 33896

Registration Total

Enclosed is my check (or money order) for Registration.

Total: _____

Additional Information

Please attach a separate sheet of paper and list ALL the Studio Owners, Teachers and Administrators who will be attending. Please make sure to label each person according to category correctly in order for proper wristbands to be administered.

Liability Statement: I hereby release and hold Dance Revolution, the hotel facilities, the faculty, their agents, and staff harmless from any and all liabilities while participating in any and all activities:

Signature (required): _____