

- REGISTRATION FORM -

NDDA MIDWINTER MEETING INFORMATION JANUARY 16 - 17, 2025 RADISSON HOTEL, 605 E BROADWAY AVE, BISMARCK, NORTH DAKOTA

(One person per form, photocopy as needed)

Name						
(PLEASE PRINT) LAS	т	FIRST				
Practice Name		PHONE NO				
CHECK ONE: Dentist	□DENTAL ASSISTANT	□DENTAL HYGIENIST	□DENTAL OFFICE TEAM			
EMAIL						
(PLEASE PRINT LEGI	BLY)					
Please indicate what ses	sions you will be attendir	ng.				
Welcome Social Thursday	Evening (January 16 th)					
C I will attend the W	elcome Social.					
C I will NOT be atten	ding the Welcome Social.					
Friday (January 17th)						
C I will be attending	Breakfast with the Legisla	tors. (NDDA Members Only)				
^						
C I will be attending		, ,				
C I will NOT attend lu	•					
Thursday Offerings						
	trol plus Bloodborne Path ance and Rulemaking 101	_				
	d & Dr. Christopher Maz					
			•			
	DA/ADA Member)					
Active Military MemberNo Charge Late Fee (After 1/13/25)\$100						
Late Fee (After	1/13/25)		\$100			
TOTAL FEES SUBM	1ITTED					

SEND REGISTRATION FORM AND CHECK MADE PAYABLE TO:

NORTH DAKOTA DENTAL ASSOCIATION PO Box 1332 BISMARCK, ND 58502-1332

TO PAY BY CREDIT CARD COMPLETE THE FOLLOWING:						
☐ MasterCard	□ VISA	☐ AMERICAN EXPRESS	☐ DISCOVER			
Card Number:						
EXPIRATION DATE:		SECURITY CODE:				
Name on Card:						
Signature Authorizing Transaction:						

SAVE TIME AND REGISTER ONLINE AT: www.SmileNorthDakota.org/Meetings & Events/Mid-Winter Meeting

QUESTIONS: PLEASE CONTACT THE NDDA AT 701-223-8870 OR SEND AN EMAIL TO INFO@SMILENORTHDAKOTA.ORG
WE LOOK FORWARD TO SEEING YOU IN JANUARY!