# **REGISTRATION FORM 2024 ANNUAL SESSION**

## NORTH DAKOTA DENTAL ASSOCIATION

September 12-13, 2024 • Radisson Hotel/Belle Mehus Bismarck ND

(One person per form, photocopy as needed)

| NAME   |                           | (PLEASE               | PRINT)                              |  |  |
|--|---------------------------|-----------------------|-------------------------------------|--|--|
| PHONE # EMAIL  |                           |                       |                                     |  |  |
| ☐ Dentist  | ☐ Dental Hygienist        | ☐ Dental Assistant    | ☐ Non-Clinical Administrative Staff | ☐ Dental Student                                   |  |
|  | **NO REFU                 | JNDS DUE TO INC       | ORRECT REGISTRATIONS**              |  |  |
|  | REGISTRATI                | ON PAYMENT MU         | IST BE RECEIVED BY 9/5/24           | 4  |  |
| Dentist - Member of NDDA, SDDA or NDA                |                           |                       |                                     | No Charge  |  |
| Retired  | NDDA Life Member or De    |                       | No Charge                           |  |  |
| Active   | Military Direct Member of |                       | No Charge                           |  |  |
| ADA/   | CDA Member Dentist        |                       | \$300.00                            |  |  |
| Non-NDDA/ADA and Non-CDA Member Dentist Registration |                           |                       |                                     | \$600.00   |  |
| Hygienists, Assistants and Administrative Staff      |                           |                       |                                     |  |  |
| 1.7  |                           |                       |                                     |  |  |
| Late/On-Site Registration                            |                           |                       |                                     |  |  |
|  |                           |                       |                                     |  |  |
| ı  | PLEASE SELECT EV          | /ENT/SEMINAR Y        | OU WILL BE ATTENDING B              | ELOW.  |  |
|  | - SEPTEMBER 13TH          |                       | FRIDAY - SEPTEMBER 14               |  |  |
| □ Mental Health Strategies (1 CE)                    |                           |                       |                                     | ☐ Past President Breakfast (Past President's Only) |  |
| □ Dental Equipment Maintenance 3:30 pm (Non CE)      |                           |                       |                                     | □ Dr. Daniel Pompa (6 CE's)                        |  |
| □ Basic Life Support CPR/AED (3 CE's)                |                           |                       |                                     | □ Dr. Jason Naud (6 CE's)                          |  |
| □ To Pull or Not to Pull (3 CE's)                    |                           |                       | □ Attendee Lunch                    |  |  |
| □ State Governance & Rulemaking 4:30 pm (1 CE)       |                           |                       | □ Membership Lunch (NDDA)           | ☐ Membership Lunch (NDDA Members Only)             |  |
| ☐ Dental Equip                                       | ment Maintenance 5:00 pm  | (Non CE)              |                                     |  |  |
| ☐ Preventing Bu                                      | rnout & Promoting Wellbei | ng (1 CE)             |                                     |  |  |
| ☐ House of Dele                                      | egates Meeting (Delegates | Committee & BOT Only) |                                     |  |  |
| ☐ President's M                                      | ixer                      |                       |                                     |  |  |

### SPONSORSHIP OPPORTUNITIES

### Prize Sponsor (suggested \$100)

- Provide monetary support or bring a prize for drawings during the President's Mixer
- Recognition in the Annual Session Booklet, NDDA Website and CE Slideshow

### Speaker Sponsor - \$500

- Recognition as Speaker Sponsor
- Recognition in the Annual Session Booklet, NDDA Website and CE Slideshow

### **PAYMENT OPTIONS**

Send registration and payment by September 5, 2024 to:

**DEBIT AUTHORIZATION AGREEMENT** 

Expiration Date: \_\_\_\_\_

Billing Address of Card: \_\_

NORTH DAKOTA DENTAL ASSOCIATION PO Box 1332 Bismarck, ND 58502



or register online at http://www.smilenorthdakota.org/meetings-events/annual-session.

EARLY BIRD Registration is available ONLINE ONLY! Save money and register online before Early Bird registration rates expire on Monday, August 5th.

# I authorize the NDDA to automatically debit the below credit card with the selected Sponsorship and/or Golf Tournament Registration fees. CREDIT CARD - FULL PAYMENT: \_\_\_\_\_ VISA \_\_\_\_ MASTER CARD \_\_\_\_ AMEX \_\_\_\_ DISCOVER Signature: \_\_\_\_\_ Name on Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

\_ CVV:

Credit Card payments are also available by contacting Camie at the Central Office. Visa, Master Card, Discover and AmEx are all accepted.