

Registration Form

ONE FORM PER ATTENDEE

Full name: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

CHECK APPROPRIATE TITLE:

- ☐ NDA Member DDS ☐ Hygienist ☐ Assistant ☐ Staff ☐ Spouse/Guest ☐ Dental Student
☐ ADA Member from Another State ☐ Non-Member

THURSDAY, APRIL 11

Check Box to Register for Event

- ☐ **EVENT A: LEADERSHIP AND AWARDS DINNER**
 NDA BOARD OF TRUSTEES AND HONOREES, NO CHARGE.
 DENTAL TEAM MEMBERS AND GUESTS, \$30 pp

- ☐ **SESSION 9: DR. ANKUR GUPTA**
☐ **SESSION 10: DR. MOLLY MCNEELY**
☐ **SESSION 11: DR. ANKUR GUPTA**
☐ **SESSION 12: DR. ASHLEY CLARK**

FRIDAY, APRIL 12

Check Box to Register for Course(s)

- ☐ **SESSION 1: DR. ASHLEY CLARK**
☐ **SESSION 2: DR. ANKUR GUPTA**
☐ **SESSION 3: DR. MOLLY MCNEELY**
☐ **SESSION 4: DR. ANKUR GUPTA**
☐ **SESSION 5: DR. ASHLEY CLARK**
☐ **SESSION 6: NEBRASKA SAFETY COUNCIL**
☐ **SESSION 7: WHITNEY CRIST, RDH**
☐ **SESSION 8: DR. ASHLEY CLARK**

Check Box to Register for Event(s)

- ☐ **EVENT B: NDA EARLY CAREER DENTIST**
 "LETS DO LUNCH"
☐ **EVENT C: AMERICAN ASSOCIATION OF**
 WOMEN DENTISTS LUNCH – **\$40 PP**
☐ **EVENT D: NEBRASKA SOCIETY OF**
 PERIODONTISTS LUNCH
☐ **EVENT E: PAST PRESIDENT'S LUNCH**
☐ **EVENT F: SOUTHEAST DISTRICT DENTAL SOCIETY**
 LUNCH

Check Box for Lunch

- ☐ **NDA MEMBER BOXED LUNCH** No charge
☐ **ADDITIONAL BOXED LUNCH QTY:** _____ \$25 each

- NDA Dentists may attend all CE with paid 2024 dues.
- Hygienist - Day Pass - \$150
- Dental Assistant, Office Staff, Spouse Guest - Day Pass - \$100

- Dental Student – No charge
- ADA member from another state - \$250 registration fee*
- Non-Member - \$500 registration fee**

*Due to a reciprocal agreement, South Dakota and North Dakota dentist members may attend CE for no additional charge

**For their first meeting, non-members can pay a \$500 registration fee to attend the meeting. This fee can then be applied to the cost of ADA/NDA dues, if paid within thirty days of the meeting

PAYMENT DETAILS

Total Paid \$: _____

☐ Check

(Make checks payable to the Nebraska Dental Association)

Credit Card ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name on Card _____

Billing Address _____

Card # _____

Exp. Date _____ CVV# _____

Signature _____

Please keep a copy of this registration form for your records. If you have questions about completing this registration form, please call the NDA office at 402-476-1704. Visit the NDA's website at www.nedental.org for complete information, including schedule, speakers, and online registration.

Online

www.nedental.org

Mail or Fax

 7160 S 29th St, Ste 1,
 Lincoln, NE 68516

Fax: 402-476-2641

Email

jody@nedental.org

Onsite

 Registration closes
 4-8-24. After that
 time you must
 register onsite.