

REGISTRATION FORM



2020 WEST DISTRICT ANNUAL MEETING

FRIDAY, AUGUST 21, 2020 - 8:00 A.M. TO 1:00 P.M.

Two Ways to Register -

- Online via the NDA website at www.nedental.org. Credit card only.
- Mail the registration form with a check to Dr. Sami Webb, 820 West 42nd Street, Suite 1100, Scottsbluff, NE. 69361. Make checks payable to the "West District Dental Society".

Registration Fees -

- Dentist - \$50 x ____ = \$_____
 - Hygienist, Assistant, Staff, Spouse - \$25 x ____ = \$_____
 - Total Submitted: \$_____
- I will be attending in person
- I will NOT be attending in person. Please email me the Zoom link. Email required below.

Primary Registrant: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____