# 2020 NEBRASKA DENTAL ASSOCIATION ANNUAL SESSION - APRIL 23-24

## REGISTRATION FORM

### 1 Primary Traveler

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>ADA#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2 Type of Traveler

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>NDA Dentist</td>
</tr>
<tr>
<td>B</td>
<td>RDH</td>
</tr>
<tr>
<td>C</td>
<td>Dental Assistant, Office Staff, Lab Technician &amp; Spouse</td>
</tr>
<tr>
<td>D</td>
<td>Dental Student</td>
</tr>
<tr>
<td>E</td>
<td>ADA DDS from another state</td>
</tr>
</tbody>
</table>

### 3 Additional Travelers

<table>
<thead>
<tr>
<th>1</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4 Payment Details

<table>
<thead>
<tr>
<th>TRAVELER TYPE</th>
<th>FLIGHT # / EVENT #</th>
<th>EVENT CODE</th>
<th>EVENT CODE</th>
<th>EVENT CODE</th>
<th>EVENT CODE</th>
<th>EVENT CODE</th>
<th>TOTAL FEES PER TRAVELER</th>
</tr>
</thead>
</table>

#### 5 Return Form

Return completed form with check or credit card payment to:

- Nebraska Dental Association
  7160 S 29th St, Ste 1, Lincoln, NE 68516
- Credit Card Payment Only
  Fax to 402.476.2641
- Register online at www.nedental.org

Please make a copy of this registration form for your records. If you have more registrants than space on the form, continue on another form and send in together. 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.