

Registration Form

ONE FORM PER ATTENDEE

Full name: _____
 Email: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Daytime phone: _____
 ADA and/or AGD #: _____

CHECK APPROPRIATE TITLE: NDA Member DDS Hygienist Assistant Staff
 Spouse Guest Dental/Graduate Student

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
 4-7-25. After that
 time you must
 register onsite.

THURSDAY, APRIL 10

Check Box to Register for Event

SESSION 1: DR. BRETT KESSLER

EVENT A: MEMORIAL STADIUM KICK OFF PARTY AND NDA AWARDS BANQUET

ADULTS \$40 | KIDS (12 AND UNDER) \$10

MEMORIAL STADIUM TOURS – CHECK BOX FOR TOUR TIME. PLEASE SELECT ONE TIME ONLY. SPOTS ARE LIMITED.

4:30 P.M. 5:00 P.M. 5:30 P.M.

FRIDAY, APRIL 11

Check Box to Register for Course(s)

SESSION 2: NDA TOWNHALL & KEYNOTE OPENING ADDRESS

SESSION 3: DR. BRETT KESSLER

SESSION 4: DR. CHRIS SALIERNO

SESSION 5: DAVE JOHNSON & BRAD OSBORN

SESSION 6: BRITTANY FLYNN

SESSION 7: DRS. GERARD KUGEL & GREGORY W. BENNETT

SESSION 8: AMBERLY BYINGTON & AMANDA BEGIC

SESSION 9: MARY SWEENEY

SESSION 10: DR. GARY LEHN

SESSION 11: DRS. FRITZ CRAFT, JILL WALLEN, ELSIE VERBIK, JESSICA MEESKE, & HOLLY RANDONE

SESSION 12: DRS. GERARD KUGEL & GREGORY W. BENNETT

SESSION 13: STEVE KAMPSCHNIEDER

SESSION 14: CHERYL CLEMENTS

SESSION 15: DRS. GERARD KUGEL & GREGORY W. BENNETT

Check Box to Register for Event(s)

EVENT B: AMERICAN ASSN. OF WOMEN DENTISTS LUNCH \$45PP

EVENT C: NEBRASKA SOCIETY OF PERIODONTISTS LUNCH

EVENT D: SOUTHEAST DISTRICT DENTAL SOCIETY BUSINESS MEETING AND LUNCH

EVENT E: NDA PAST PRESIDENT'S LUNCH

EVENT F: NSPD ANNUAL BUSINESS MEETING AND LUNCH

EVENT G: NORTHEAST DISTRICT LUNCH

Check Box for Lunch

NDA MEMBER BOXED LUNCH No charge

ADDITIONAL BOXED LUNCH QTY: _____ \$25 each

REGISTRATION FEES

- NDA Dentists may attend all CE with paid 2025 dues.
- Hygienist - Day Pass - \$150
- Dental Assistant, Office Staff, Spouse - Day Pass - \$100
- Dental / Graduate Student - No charge

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 _____