



2025 West District Annual Meeting Registration Form

9 AM –4PM – Friday, September 12, 2025

Gering, NE.

Register –

- Mail the registration form with a check/credit card to the Nebraska Dental Association, 7160 South 29th Street, Suite 1, Lincoln, NE. 68516.
- Fax or email the registration form with a credit card to 402-476-2641 or jody@allophone.com
- Register onsite the morning of Friday, September 12, 2025. *We do encourage you to register BEFORE the meeting so that we can obtain accurate counts for food.*

Registration Fees – Registration fee includes continental breakfast and lunch.

- NDA West District Member Dentist - \$150 x ____ = \$ _____
- Hygienist, Assistant, Staff, Spouse - \$75 x ____ = \$ _____
- Non-NDA West District Member Dentist - \$200 x ____ = \$ _____
- Total Submitted: \$ _____
- Credit Card # _____ Exp. Date: _____

Primary Registrant: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____