

- REGISTRATION FORM -

NDDA MIDWINTER MEETING INFORMATION JANUARY 15 - 16, 2026 RADISSON HOTEL, 605 E BROADWAY AVE, BISMARCK, NORTH DAKOTA

(One person per form, photocopy as needed)

Name				
(PLEASE PRINT) LAST		FIRST		
PRACTICE NAME		PHONE NO		
CHECK ONE: Dentist	□DENTAL ASSISTANT	□DENTAL HYGIENIST	□DENTAL OFFICE TEAM	
EMAIL				
(PLEASE PRINT LEGIBLY)				
Please indicate what session	ns you will be attendin	ng.		
Welcome Social Thursday Eve	ening (January 15 th)			
C I will attend the Welcome Social.				
I will NOT be attending the Welcome Social.				
Friday (January 16th)				
I will be attending lund	ch on Friday.			
I will NOT attend lunch	n on Friday.			
Thursday CE Offerings				
	•	nogens		
Basic Life Suppor	rt (BLS) CPR		\$75	
Friday CE – - Be SMART: Im	prove your Practice w	ith Silver Diamine Flu	oride, Glass Ionomer Cement	
	•	Glass Ionomer Strip C		
			•	
		•		
Active Military Mei	•		•	
			J	
TOTAL FEES SUBMITTI	ED			

SEND REGISTRATION FORM AND CHECK MADE PAYABLE TO:

NORTH DAKOTA DENTAL ASSOCIATION PO Box 1332 BISMARCK, ND 58502-1332

TO PAY BY CREDIT CAP	RD COMPLE	TE THE FOLLOWING:	
☐ MasterCard ☐] VISA	☐ AMERICAN EXPRESS	☐ DISCOVER
CARD NUMBER:			
EXPIRATION DATE:	SECURIT	Y CODE:	
Name on Card:			
SIGNATURE AUTHORIZ	ING TRANSA	ACTION:	

SAVE TIME AND REGISTER ONLINE AT: www.SmileNorthDakota.org/Meetings & Events/Mid-Winter Meeting

QUESTIONS: PLEASE CONTACT THE NDDA AT 701-223-8870 OR SEND AN EMAIL TO INFO@SMILENORTHDAKOTA.ORG
WE LOOK FORWARD TO SEEING YOU IN JANUARY!