

**Registration Form**  
**2026 Annual Session North Dakota Dental Association**  
**September 17-18, 2026**  
**Radisson Hotel Bismarck**  
**Bismarck, ND**  
*(One person per form, photocopy as needed)*

NAME \_\_\_\_\_  
(PLEASE PRINT)

PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

- Dentist**
- Dental Hygienist**
- Dental Assistant**
- Non-Clinical Administrative Staff**
- Dental Student**

**\*\*No Refunds due to incorrect registrations**

**Registration: (Payment Received by 9/4/26):**

_____ Dentist - Member of NDDA, SDDA or NDA .....	<u>No Charge</u>
_____ Retired NDDA Life Member or Dental Student .....	<u>No Charge</u>
_____ Active Military Direct Member of the ADA Member .....	<u>No Charge</u>
_____ ADA Member Dentist .....	\$300.00
_____ Non-NDDA/ADA and Non-CDA Member Dentist Registration .....	\$600.00
_____ Hygienists, Assistants and Administrative Staff .....	\$160.00
_____ Late Fee after 9/4/26.....	\$50.00
_____ Late/On-Site Registration.....	\$175.00

Please select event/seminar you will be attending below.

**Thursday – Sept. 17**

- Changing the Script 4:00 p.m. (2 CE's)
- State Governance & Rulemaking 5:00 p.m. (1 CE)
- Dental Mental Health 6:00 p.m. (2 CE's)
- House of Delegates Meeting
- President's Mixer

**Friday – Sept. 18**

- Past President Breakfast (*Past President's Only*)
- Beautiful Preps and Impressions (3 CE's)
- A New Era in Conservative Esthetics (3 CE's)
- Attendee Lunch

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**Sponsorship Opportunities**

**Prize Sponsor** (suggested \$100)

- Provide monetary support or bring a prize for drawings during the President's Mixer
- Recognition in the Annual Session Booklet, NDDA Website and CE Slideshow

**Speaker Sponsor - \$500**

- Recognition as Speaker Sponsor
- Recognition in the Annual Session Booklet, NDDA Website and CE Slideshow

Send registration and payment by September 4, 2026 to:

North Dakota Dental Association, P.O. Box 1332, Bismarck, ND 58502

or register online at <http://www.smilenorthdakota.org/meetings-events/annual-session>.

**Save money and register online by September 7<sup>th</sup>.**

**Debit Authorization Agreement**

I authorize the NDDA to automatically debit the below credit card.

Signature: \_\_\_\_\_

Credit Card – Full Payment: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover
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**Name on Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_                      **CVV:** \_\_\_\_\_

**Billing Address of Card:** \_\_\_\_\_

Credit Card payments are also available by contacting the Central Office. Visa, Master Card, Discover and AmEx are all accepted.