North Dakota
DENTAL ASSOCIATION

- REGISTRATION FORM -

NDDA MIDWINTER MEETING INFORMATION JANUARY 21 - 22, 2027
Gateway to Science Center, 1600 Canary Ave, Bismarck ND

(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 sessions you will be attending.

Friday (January 22nd)

- I will be attending lunch on Friday.
- I will NOT attend lunch on Friday.

Thursday CE Offerings

_____Beyond Compliance: Where Infection Control Meets Ethics & Jurisprudence……$60
_____Basic Life Support (BLS) CPR……$95

Friday CE – Dr. Rich Madow – The WOW Practice: How Memorable Experiences Create Thriving Practices

_____Dentist……$200
_____Dental Staff……$135
_____Dentist (Non-CDA/ADA Member)……$500
_____Active Military Member ……No Charge
_____Late Fee (After 1/11/27)……$100

_____ **TOTAL FEES SUBMITTED**

SEND REGISTRATION FORM AND CHECK MADE PAYABLE TO:

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

To Pay By Credit Card Complete the Following:

☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature Authorizing Transaction: _____

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!