REGISTRATION FORM 2025 ANNUAL SESSION

NORTH DAKOTA DENTAL ASSOCIATION

September 18-19, 2025 • Delta Hotels by Marriott, Fargo, ND

(One person per form, photocopy as needed)

NAME_____

(PLEASE PRINT)

PHONE # _____ **EMAIL** _____

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

****NO REFUNDS DUE TO INCORRECT REGISTRATIONS****

REGISTRATION PAYMENT MUST BE RECEIVED BY 9/1/2025

_____Dentist - Member of NDDA, SDDA or NDA..... **No Charge**

_____ Retired NDDA Life Member or Dental Student..... **No Charge**

_____ Active Military Direct Member of the ADA Member..... **No Charge**

_____ ADA/CDA Member Dentist..... **$300.00**

_____ Non-NDDA/ADA and Non-CDA Member Dentist Registration **$600.00**

_____ Hygienists, Assistants and Administrative Staff..... **$150.00**

_____ Late Fee after 9/9/25 ..... **$50.00**

_____ Late/On-Site Registration..... **$150.00**

PLEASE SELECT EVENT/SEMINAR YOU WILL BE ATTENDING BELOW.

THURSDAY – SEPTEMBER 18TH

☐ Improved Patient Care 3:00 p.m. (No CE)

☐ SIM-ND (1.5 CE's)

- ○ *2:00 p.m.*
- ○ *3:30 p.m.*
- ○ *5:00 p.m.*

☐ Introduction to the NDPHP 3:00 p.m. (1 CE)

☐ Medicaid 4:00 p.m. (1 CE)

☐ Hands-on Veneer Workshop 4:00 p.m. (4 CE's)

☐ Introduction to CBCT 5:00 p.m. (2 CE's)

☐ Don't Let Practicing Dentistry Break Your Bod! (2 CE's)

☐ House of Delegates Meeting *(Delegates & BOT Only)*

☐ President's Mixer – CASINO NIGHTS

FRIDAY – SEPTEMBER 19TH

☐ Past President Breakfast *(Past President's Only)*

☐ SIM-ND (1.5 CE's)

- ○ *8:30 a.m.*
- ○ *10:00 a.m.*
- ○ *11:30 a.m.*
- ○ *1:00 p.m.*
- ○ *2:30 p.m.*

☐ Dr. Marc Geissberger

- ○ *Morning Session (3 CE's)*
- ○ *Afternoon Session (3 CE's)*

☐ Dr. Jason Naud (6 CE's)

☐ Attendee Lunch

☐ Membership Lunch *(NDDA Members Only)*

KINGPINZ BOWLING REGISTRATION $60 PER PERSON

(This is an additional charge to your registration fee)

1._____ 2. _____ 3. _____

4._____ 5. _____ 6. _____

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

PAYMENT OPTIONS

Send registration and payment by September 1, 2023 to:

NORTH DAKOTA DENTAL ASSOCIATION
PO Box 1332
Bismarck, ND 58502

North Dakota DENTAL ASSOCIATION

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

DEBIT AUTHORIZATION AGREEMENT

I authorize the NDDA to automatically debit the below credit card with the selected Sponsorship and/or Golf Tournament Registration fees.

CREDIT CARD - FULL PAYMENT: _____ VISA _____ MASTER CARD _____ AMEX _____ DISCOVER

Signature: _____

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.