



Registration Form

2024 West District Annual Meeting

9 AM – 3PM – Friday, August 30
Scottsbluff, 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, August 30, 2024. *We do encourage you to register BEFORE the meeting so that we can obtain accurate counts for food.*

Registration Fees – Registration fee includes lunch.

- NDA West District Member Dentist - \$50 x _____ = \$ _____
- Hygienist, Assistant, Staff, Spouse - \$50 x _____ = \$ _____
- Non-NDA West District Member Dentist - \$100 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: _____