

REGISTRATION

2012 Nebraska Dental Hygienists' Association Annual Session

Embassy Suites, Omaha-LaVista, Nebraska - April 12-14, 2012

PLEASE PRINT CLEARLY - One person per registration form - please make copies for each person you register

Name (as you want it to appear on your badge) _____

ADHA ID # _____ Circle One: Staff

If Student, School: _____

If you hold an NDHA office, chair or Past President, please list it here: _____

Address _____ City/State/Zip _____

Phone (Home): _____ (Work): _____

Email (provide for verification of registration only) _____

If you require special accommodations, check box and attach a statement of needs.

Thursday, April 12, 2012

	NDHA/ADHA Member	ADHA Student Member	Non-Member (DDS, RDH, CDA)		
<input type="checkbox"/> Executive Board Meeting.....	\$0	\$0	\$0	\$	10.00

Friday, April 13, 2012

<input type="checkbox"/> Past President's Breakfast & Meeting -	Open to NDHA Past Presidents Only (no fee)				
<input type="checkbox"/> Breakfast & Learn (1 CEU).....	\$25	\$0	\$35	\$	10.00
**Choose 3 Topics starting with Most Preferred listed FIRST - 1st Choice # _____ 2nd Choice # _____ 3rd Choice # _____					
<input type="checkbox"/> Friday AM Sessions (3 CEUs).....	\$50	\$10	\$90	\$	125.00
<input type="checkbox"/> Mega Issues Forum & General Membership Lunch.....	Free	Free	Free		
<input type="checkbox"/> Friday PM Sessions (3 CEUs).....	\$50	\$10	\$90	\$	10.00
<input type="checkbox"/> Scientific Mini Clinics (1 CEU).....	Free	Free	Free		
<input type="checkbox"/> NDHA President's Reception Installations/Awards	Free	Free	Free		

Saturday, April 14, 2012

<input type="checkbox"/> Breakfast & Learn (1 CEU).....	\$25	\$0	\$35	\$	75.00
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Choose **Most Preferred Topic - 1st Choice # _____

8:15 - 11:15 am Breakout Session (3 CEUs)

<input type="checkbox"/> Hands-On: Judy Zack Bendit, RDH, BS (<i>limited 60</i>)	\$60	\$60	\$100	\$	100.00
<input type="checkbox"/> Nutrition Bytes: Linda Boyd, RDH, RD, EdD	\$50	\$10	\$75	\$	75.00
<input type="checkbox"/> Lunch & Product Presentation (1 CEU) (<i>samples limited to first 250</i>) ...	\$30	Free	\$40	\$	40.00

Afternoon Breakout Session (3 CEUs)

<input type="checkbox"/> Hands-On: Judy Zack Bendit, RDH, BS (<i>limited 50</i>)	\$60	\$60	\$100	\$	10.00
<input type="checkbox"/> Survival of the Fittest...Get on the Ball (<i>limited 100</i>)	\$125	\$125	\$175	\$	175.00

**** MUST COMPLETE WAIVER TO RESERVE & MUST BE REGISTERED BY MARCH 10TH TO ENSURE SHIPMENT OF MATERIALS** - (participant receives CD's featuring Tim Caruso's Evolution Chair Exercise Series and complete Evolution Chair Kit: base, ball, pump, height extensions - \$150 value)

<input type="checkbox"/> Diabetes-Oral Health: Linda Boyd, RDH, RD, EdD	\$50	\$10	\$90	\$	10.00
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\$40 LATE FEE if postmarked after 03/10/2012	\$40	\$40	\$40	\$	10.00
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Note: NDHA members get first priority up to March 10.

TOTAL \$ 650.00

Payment Method Visa Mastercard Check (*Payable to NDHA*)

Name as it appears on credit card _____

Account # _____ Exp. Date: ____/____

Signature _____

Billing or invoice services are not provided. Payment must arrive before the event.

On-site registration is provided, but only credit card or check payments will be accepted before entry is allowed into the event.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

**** Nebraska Dental Hygienists' Association (NDHA)
150 Years of Modern Dentistry: Get on the Ball Class - Participant Waiver & Release**

I, Kathi Schildt hereby consent to voluntarily engage in an exercise ball strengthening, stretching and balance class that includes but is not limited to the following activities:

Stretching of my arms, legs, abdominals, back and neck; sitting, lying and balancing on an exercise ball; general strengthening of my arms, legs, abdominals, back and neck on & off the exercise ball; balance activities in various positions; instruction in posture and body mechanics

I understand that there may be risks associated with any exercise program and activity. The level of exercise that I perform will be at my own pace based on upon my cardio-respiratory fitness, muscular strength, flexibility, and endurance. Further, I affirm and agree that I will inform Timothy Caruso & his assistants of any symptoms during my participation in the class, including but not limited to: fatigue, shortness of breath, chest discomfort, pain in my extremities or joints, dizziness or uneasiness for my safety and benefit. I understand that I may stop at any time and also that I may be directed to stop by Timothy Caruso at any time during the presentation/class.

Timothy Caruso will provide leadership, direction and instruction to direct my activities, monitor my performance and otherwise evaluate my effort. I will be given instructions on how to perform the exercises and activities along with a demonstration prior to attempting the activities or exercises. I will be able to ask questions of the instructor, Timothy Caruso throughout the entire class if I do not understand. I understand that I may stop at any time; further, I understand that I may be directed to stop by Timothy Caruso at any time during the presentation/class.

If I have high blood pressure, diabetes, a heart condition, a musculoskeletal or neuromuscular disorder or underlying condition or injury, or if I am taking any prescribed medications that will affect my performance in the class, I agree that I must inform Nebraska Dental Hygienists' Association (NDHA) & Timothy Caruso prior to participation in the class. I understand that this class is not a substitute for a complete medical physical by my physician; therefore, if I am uncertain about whether to participate for the above stated reasons or any other, I will decline participation at this time.

Important note: MEDICAL RELEASE REQUIRED UNDER CERTAIN CIRCUMSTANCES PRIOR TO PARTICIPATION IN THIS CLASS

Depending on my health status, if I am over 50 years of age, 40 pounds overweight, or if I have any of the above conditions or other medical conditions that may put me at risk in an exercise or stretching program, NDHA will require a medical release from your licensed medical doctor prior to participation in the exercise ball class. Further, if your physician requires that your heart rate be monitored during participation in this class or any other special considerations, you will be excluded from participating for your own health, safety and well-being.

Waiver and Release. I acknowledge that any type of exercise and stretching involves a risk of injury. I hereby agree to waive any claims I may have against Timothy Caruso, Posture Perfect Solutions and the NDHA; and hereby agree to release and hold harmless Timothy Caruso, Posture Perfect Solutions and the NDHA for any injuries, damages or loss to my person or property that I may experience related to my participation in the class; or any claim or demand for injury or damages whatsoever including without limitation, those damages or injuries resulting from acts of active or passive negligence on the part of the class participant.

It is further understood and agreed that Timothy Caruso, the NDHA or Posture Perfect Solutions shall not be responsible or liable to the undersigned for articles lost or stolen in connection with the 150 years of modern dentistry: Get on the ball class.

My signature below indicates that I have read, understand and agree to the terms contained herein.

Signature of Class Participant

Date

Witness

Date

By checking here I acknowledge that I will need a medical release from my medical doctor; and have provided same with a copy of this waiver and release.