



# 112th Annual Conference – 2025

April 25-26, 2025



**Location:**

CanadInn Grand Forks

1000 S 42nd St.

Grand Forks, ND 58201 | | (701) 772-8404

Rooms are blocked under NDCA, \$149.00 + tax/night (call by 3/24/25 to reserve) . Reference group #697262

**Convention Schedule**                    *(tentative schedule)*

- Friday, April 25                    11:00am - Lunch & Learn with **Pediatric Partners: Pediatric Urotherapy and Orofacial Myology with Katelyn Sprague & Danielle Swart**  
12:00pm-3:00pm – Seminar: **Pediatric Conditions with Dr. Chris Ourganian**  
**3:00pm-4:00pm** – Visit exhibitors, free time  
**4:00pm Annual Business Meeting - NDCA members only**  
6:30pm – Social and Banquet
- Saturday, April 26                    8:00am-8:30am - Breakfast  
8:30am-10:30am – Seminar: **Extremities with Dr. Chris Ourganian**  
10:30am - 15 minute break/visit exhibitors  
10:45am-12:00pm – Seminar continued  
12:00pm-1:00pm – Lunch provided  
1:00pm-5:00pm - seminar  
2:30pm - 15 minute break/visit exhibitors

**Registration Fees includes all meals, continuing education credits, and 1 banquet ticket**

State Association Member: \$450.00                    Non-Member: \$600.00

Additional Banquet tickets: \$50.00/ticket                    Banquet ticket: age 12 & under: \$20.00

**First year member:** your conference (CEs) and one (1) banquet ticket are complimentary. You are responsible for any additional banquet tickets and lodging fees. You must still register if you are planning to attend.

**Second year member:** your CE seminar is complimentary. You are responsible for banquet tickets and lodging fees. You must still register if you are planning to attend.

**Register ONLINE using the NDCA website:**

Log into [www.ndca.net](http://www.ndca.net). A link for registering is on the homepage.

Register using this form by emailing it or mailing it to [INFO@NDCA.NET](mailto:INFO@NDCA.NET) or NDCA PO Box 14176 Grand Forks, ND 58208

Questions? Call 701.934.2682 or email [info@ndca.net](mailto:info@ndca.net)

*(Please print the following)*

**Chiropractor Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment: Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Mail in check: \_\_\_\_\_

**Registration Fees:**

**NDCA/State Assoc. member seminar** \_\_\_\_\_ qty. x \$450.00 = \_\_\_\_\_

**Non-member Seminar** \_\_\_\_\_ qty. x \$600.00 = \_\_\_\_\_

**2<sup>nd</sup> year or additional Banquet Ticket** \_\_\_\_\_ qty. x \$50.00= \_\_\_\_\_

**Child’s Banquet ticket (age 12 &under)** \_\_\_\_\_ qty. x \$20.00 = \_\_\_\_\_

**NDCA 1st Year Member: Conference and 1 Banquet ticket** FREE you must still register

**NDCA 2nd Year Member: Seminar** FREE you must still register

**TOTAL DUE =** \_\_\_\_\_

**NDCA MEMBERS:** Are you bringing a non-member ND chiropractor to the conference? \_\_\_\_\_yes \_\_\_\_\_ no

Non-member ND licensed chiropractor name: \_\_\_\_\_

Non-member ND licensed chiropractor’s email: \_\_\_\_\_

**Dietary restrictions? (ie. Vegetarian, Gluten-Free, etc.) Please contact [info@ndca.net](mailto:info@ndca.net).**

Please do not hesitate to call administrative manager, Chilly Goodman at 701.934.2682 or [info@ndca.net](mailto:info@ndca.net).

**Registration is due by April 1, 2025**