



# 112th Annual Conference – 2025

April 25-26, 2025

## VENDOR REGISTRATION FORM & SCHEDULE

### 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  
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**

### Set-Up:

You may set up Thursday evening 4/24 or Friday morning and must be ready by 10:30am in the convention hall. Non- NDCA members are not permitted in the convention hall during our annual business meeting on Friday.

Registration includes breakfast, lunches, snacks and Friday Fun Night for all vendors. Vendors are invited to attend Friday evening's banquet. Banquet tickets are \$50.00.

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

Please send company logo as soon as possible to [info@ndca.net](mailto:info@ndca.net).

Ads must be emailed (jpg format) to [info@ndca.net](mailto:info@ndca.net) by April 4, 2025.

***Registration is due by April 4, 2025***

**How to Register:**

Log into [www.ndca.net](http://www.ndca.net). A link for registration is on the homepage or complete this form and email it to [info@ndca.net](mailto:info@ndca.net) or mail to: 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)

Name of representative attending: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

Payment: _____ check (mail to address above/bring to seminar)	Type of card: _____
Name on credit card: _____	
Credit card number: _____	EXP: _____ CVV: _____

**Registration Fees:**

Can't attend, but sending inserts for welcome packet	_____ \$75.00
General Exhibitor	_____ \$500.00
Additional table	_____ \$200.00
Lumbar Sponsor	_____ \$750.00
Thoracic Sponsor (includes 2 tables & 2 banquet tickets)	_____ \$1250.00
Cervical Sponsor (includes 2 tables & 2 banquet tickets)	_____ \$2000.00
Atlas Sponsor (includes 2 tables & 2 banquet tickets)	_____ \$5000.00
Banquet Ticket	_____ qty. x \$50.00= _____
	<b>TOTAL DUE = _____</b>

**Dietary restrictions? Contact [info@ndca.net](mailto:info@ndca.net).**

*For more information on sponsorship, please reference the exhibitor prospectus.*

**Registration is due by April 4, 2025**