



**NADL Virtual Fall Daze**  
**FRIDAY, OCTOBER 24, 2025**

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*All Times Listed as Eastern Time Zone*

**SCHEDULE OF EVENTS:**

- 11:00 a.m. – 11:30 a.m. Introductions and NADL, NBC, and FDLT Update  
Speaker: Bennett Napier, CAE  
Credits: NBC approved for ½ hour Professional Development credit
- 11:30 a.m. – 12:30 p.m. Time to Rethink Your Denture Workflow!  
Speaker: Jimmy Stegall, CDT  
Credits: NBC approved for 1 hour Scientific credit
- 12:30 p.m. – 12:45 p.m. Break
- 12:45 p.m. – 1:45 p.m. Financial & Risk Management in the Digital Age  
Speaker: Travis Zick  
Credits: NBC approved for 1 hour Professional Development credit
- 1:45 p.m. – 2:00 p.m. Break
- 2:00 p.m. – 3:00 p.m. Making your Lab More Productive and Profitable through OSHA and FDA Compliance  
Speaker: Gary Morgan, CDT  
Credits: NBC approved for 1 hour Regulatory Standards credit

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**There is a \$59.00 fee for NADL Members to attend and a \$99.00 fee for non-members to attend.** Please complete the RSVP form provided below and return to the NADL office. The deadline to RSVP is October 17, 2025.

**National Association of Dental Laboratories**

325 John Knox Rd, Ste L103  
Tallahassee, Florida 32303

Phone: (800) 950 – 1150 ♦ Fax: (850) 222 – 0053 ♦ [www.nadl.org](http://www.nadl.org) ♦ [meetings@nadl.org](mailto:meetings@nadl.org)



# NADL Virtual Fall Daze 2025

## Registration Form

### I. Contact Information

Please print legibly. Please make copies of this form for additional registrants.

Name \_\_\_\_\_ ☐ CDT ☐ RG ☐ DMD ☐ DDS

Company Name \_\_\_\_\_ ☐ CDL ☐ DAMAS

CDT/RG# (if applicable) \_\_\_\_\_ NADL Member# (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### II. Date/Location Selection

☐ **October 24, 2025** | Virtual Meeting

### III. Payment Information

Includes: Half Day of Continuing Education

☐ **\$59.00** – NADL Member

☐ **\$99.00** – Non-Member

Total Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Please make Checks Payable to **NADL**.

Credit Card Type: ☐ Visa ☐ MC ☐ Amex Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code\*: \_\_\_\_\_

\*This is the three-digit number on the reverse side of your credit card. For Amex, this is the four-digit number on the front of your card.

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholder's Phone Number: \_\_\_\_\_

Billing Address for card: \_\_\_\_\_

**Refund Policy:** Written notification is required for all refunds. Refund requests received in writing at least 10 days before the registered event, will receive a full refund less a \$25 administrative fee. No refunds will be given within 10 days of the registered event. Registrations are transferable.

**Questions? Contact NADL using the information shown below:**

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