



NADL Virtual Fall Daze

FRIDAY, OCTOBER 23, 2026

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. Digital Denture Workflow Program
Speaker: Kurtis Helm, 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. Optimizing Financial Performance and Managing Risk in Today's Dental Lab
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

There is a \$69.00 fee for NADL Members to attend and a \$119.00 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 16, 2026.

National Association of Dental Laboratories
325 John Knox Rd, Bldg L Ste L103
Tallahassee, Florida 32303

Phone: (800) 950 – 1150 ♦ Fax: (850) 222 – 0053 ♦ www.nadl.org ♦ meetings@nadl.org



NADL Virtual Fall Daze 2026 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 23, 2026 | Virtual Meeting

III. Payment Information

Includes: Half Day of Continuing Education

- \$69.00** – NADL Member
 \$119.00 – 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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