

# 2009 AADGP CONFERENCE REGISTRATION

*New Orleans*

GROUP / ORGANIZATION NAME

STREET ADDRESS

CITY STATE ZIP/POSTAL CODE

PHONE NUMBER E-MAIL ADDRESS

Please Check All That Apply:

Early Bird After Dec. 18 Code

**AADGP Members**     **DGMA Members**    **\$445**    **\$495**    **01**

**Non-Members** (Practice Mgmt. Company Employees, Consultants, Administrative Staff)    **\$545**    **\$595**    **02**

**Clinical Staff** (limited to full-time hygienists and dental assistants)    **\$295**    **\$345**    **03**

**Restricted** (social functions only)    **\$245**    **\$295**    **04**

**Single Day** (specify day: \_\_\_\_\_)    **\$295**    **\$345**    SELECT FROM ABOVE CODES

**Large Block/Group Discounts\***  
\*Applies to single group practice location, paid by a single transaction.

|                                |                             |  |
|--------------------------------|-----------------------------|--|
| <small>5-9 Attendees</small>   | <small>10% Discount</small> | <small>SELECT FROM ABOVE CODES</small> |
| <small>10-14 Attendees</small> | <small>15% Discount</small> |  |
| <small>15+ Attendees</small>   | <small>20% Discount</small> |  |

Please print full names and titles of **ALL** registrants with appropriate codes (see above) and identify **ALL DENTISTS** (Dr., DDS, etc.) as well as administrators.

1. NAME TITLE CODE FEE

2. NAME TITLE CODE FEE

3. NAME TITLE CODE FEE

4. NAME TITLE CODE FEE

5. NAME TITLE CODE FEE

**Registration Fee Total\*: \$** \_\_\_\_\_

\*THE AADGP RESERVES THE RIGHT TO ADJUST APPLICATION CODES AND/OR FEES AS APPROPRIATE.

**Check Enclosed** (Make check payable to: AADGP)  
 Charge my:  Visa     MasterCard     AmEx     Diner's Club

CREDIT CARD NUMBER EXPIRATION DATE

NAME ON CARD SIGNATURE OF CARDHOLDER

**INSTANT \$50 SAVINGS**  
 REGISTER BY DECEMBER 18 AND RECEIVE \$50 OFF YOUR REGISTRATION! MEETING REGISTRATION FEE INCLUDES ALL EDUCATIONAL SESSIONS, PROGRAM MATERIALS, RECEPTIONS AND SOCIAL EVENTS.

## WIN A FREE ADMISSION

DON'T WAIT! THE FIRST 100 ATTENDEES TO REGISTER FOR THE 2009 CONFERENCE ARE AUTOMATICALLY ENTERED INTO A DRAWING TO WIN ONE FREE ADMISSION FOR 2010.

## RECEIVE A COMPLIMENTARY MEMBERSHIP

NON-MEMBER REGISTRATION FEES INCLUDE A 2009 MEMBERSHIP IN THE AADGP/DGMA AT NO COST. ADMINISTRATORS AND DENTISTS WILL BE PROVIDED FULL MEMBER PRIVILEGES IN THEIR CATEGORY.

## CANCELLATIONS

ALL CANCELLATIONS MUST BE IN WRITING. REFUNDS WILL BE MADE FOR CANCELLATIONS RECEIVED PRIOR TO JANUARY 28, 2009, LESS A \$55 PROCESSING FEE. THOSE REGISTERED IN THE RESTRICTED CATEGORY WILL BE CHARGED \$10.00. CANCELLATIONS RECEIVED AFTER JANUARY 28, 2009 WILL NOT BE ELIGIBLE FOR A REFUND.

## MAIL OR FAX FORM TO:

AADGP  
 DEPT. # 2084  
 P.O. BOX 29675  
 PHOENIX, AZ 85038-9675  
 FAX: 602.381.1093

## QUESTIONS?

CALL US AT: 602.381.1185