

# 2011 AADGP CONFERENCE REGISTRATION

Orlando

GROUP / ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP/POSTAL CODE

CONTACT NAME

PHONE NUMBER

E-MAIL ADDRESS

Early Bird    After Dec. 17    Code  
(FOR OFFICE)

<b>2010 AADGP Members</b>	<b>\$445</b>	<b>\$495</b>	<b>01</b>
<b>Non-Members</b>	<b>\$545</b>	<b>\$595</b>	<b>02</b>
<b>Guest</b> (receptions only)	<b>\$295</b>	<b>\$345</b>	<b>03</b>

**Large Block/Group Discounts\***

\*Applies to single group practice location, paid by a single transaction, excluding guests.

5-9 Attendees	15% Discount
10-14 Attendees	20% Discount
15+ Attendees	25% Discount

Please print full names and titles of **ALL** registrants, identify **ALL DENTISTS** (Dr., DDS, etc.) and administrators and select the appropriate membership status.

1. NAME	TITLE	<input type="checkbox"/> Dentist <input type="checkbox"/> Administrator	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Guest	FEE
2. NAME	TITLE	<input type="checkbox"/> Dentist <input type="checkbox"/> Administrator	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Guest	FEE
3. NAME	TITLE	<input type="checkbox"/> Dentist <input type="checkbox"/> Administrator	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Guest	FEE
4. NAME	TITLE	<input type="checkbox"/> Dentist <input type="checkbox"/> Administrator	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Guest	FEE
5. NAME	TITLE			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    EXP. DATE    CSV/CID Code

CARDHOLDER'S NAME (as it appears on the card)    CARDHOLDER'S SIGNATURE

CARDHOLDER'S ADDRESS (if same as company address please write same)

CARDHOLDER'S CITY    STATE    ZIP/POSTAL CODE

**INSTANT \$50 SAVINGS**

Register by December 17 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 2011 Conference are automatically entered into a drawing to win one free admission for 2012.

**RECEIVE A COMPLIMENTARY MEMBERSHIP**

Group practice non-member registration fees include a 2011 membership in the AADGP 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 5, 2011, less a \$55 processing fee. Those registered in the "Guest" category will be charged \$10.00. CANCELLATIONS RECEIVED AFTER JANUARY 5, 2011 WILL NOT BE ELIGIBLE FOR A REFUND.

**MAIL OR FAX:**

2525 E. Arizona Biltmore Cir., Suite 127  
 Phoenix, AZ 85016  
 FAX: 602.381.1093

**QUESTIONS?**

Call us at: 602.381.1185