

2011 AADGP CONFERENCE REGISTRATION

Orlando

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

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)

2010 AADGP Members	\$445	\$495	01
Non-Members	\$545	\$595	02
Spouse/Guest of registered attendee (receptions only)	\$295	\$345	03

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