

ADA's BIG IDEA 2018: Discovering Group Practice

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

Practice Name _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

Please provide direct contact information

\$150 Registration Fee per Individual Attendee

- Check this box if you are also attending Dental Group Expo '18 as a first time attendee.
See Reimbursement Information for details. (Must complete Dental Group Expo '18 Form)

Please print full names and titles of ALL registrants. Submit additional names on a separate sheet of paper.

1. NAME _____ TITLE _____

2. NAME _____ TITLE _____

3. NAME _____ TITLE _____

4. NAME _____ TITLE _____

5. NAME _____ TITLE _____

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 Discover

CREDIT CARD NUMBER _____ EXP. DATE _____ CSV/CID Code _____

CARDHOLDER'S NAME _____ CARDHOLDER'S SIGNATURE _____

CARDHOLDER'S ADDRESS _____

CARDHOLDER'S CITY _____ STATE _____ ZIP/POSTAL CODE _____

**BIG IDEA 2018:
Discovering Group
Practice**

**Wednesday,
January 31st, 2018
at 9:45am - 5:00pm**

**Bally's Hotel
& Casino**

**5 Hours of
Continuing
Education**

REIMBURSEMENT INFORMATION

AADGP will send a \$150 reimbursement to all Dental Group Expo '18 first time attendees who are also attending ADA's BIG IDEA 2018.

Qualifying individuals will receive a reimbursement check via mail by March 1st, 2018.

For more information on the BIG IDEA 2018 Conference visit ADA.org/BIGIDEA2018 or call 312.440.2500 or email dentalpractice@ada.org.

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QUESTIONS?

Call us at: 602.381.1185