

# AADGP DENTAL GROUP EXPO '19

GROUP / ORGANIZATION NAME

DATE

STREET ADDRESS

CITY STATE ZIP/POSTAL CODE

CONTACT NAME

PHONE NUMBER E-MAIL ADDRESS

Primary Function of Organization

*Please provide direct contact information	Early Bird	After Dec. 15	Code
2018 AADGP Paid Members (as of 07.31.2018)	\$445	\$495	01B
Non-Members	\$545	\$595	02B

- Large Block/Group Discounts\*  
 \*Applies to single group practice location, paid by a single transaction, if no other discounts have been applied.
- |                 |              |
|-----------------|--------------|
| 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. Submit additional names on a separate sheet of paper.

<input type="checkbox"/> DDS/DMD	<input type="checkbox"/> Member
<input type="checkbox"/> MGMT/ADMIN	<input type="checkbox"/> Non-Member

1. NAME	TITLE	FEE				
<table border="0"> <tr> <td><input type="checkbox"/> DDS/DMD</td> <td><input type="checkbox"/> Member</td> </tr> <tr> <td><input type="checkbox"/> MGMT/ADMIN</td> <td><input type="checkbox"/> Non-Member</td> </tr> </table>			<input type="checkbox"/> DDS/DMD	<input type="checkbox"/> Member	<input type="checkbox"/> MGMT/ADMIN	<input type="checkbox"/> Non-Member
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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  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

**2019**

## RECEIVE A COMPLIMENTARY MEMBERSHIP

Group practice non-member registration fees include a 2019 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 2, 2019, less a \$55 per person processing fee. CANCELLATIONS RECEIVED AFTER JANUARY 2, 2019 WILL NOT BE ELIGIBLE FOR A REFUND.

MAIL OR EMAIL:  
 2525 E. Arizona  
 Biltmore Cir., Suite 127  
 Phoenix, AZ 85016  
 aadgp@aadgp.org

## QUESTIONS?

Call us at: 602.381.1185