

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				
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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, EMAIL OR FAX:

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 Biltmore Cir., Suite 127
 Phoenix, AZ 85016
 FAX: 602.381.1093
 aadgp@aadgp.org

QUESTIONS?

Call us at: 602.381.1185