

AADGP DENTAL GROUP EXPO '20

2020

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
2019 AADGP Paid Members (as of 07.31.2019)	\$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
	<input type="checkbox"/> DDS/DMD	<input type="checkbox"/> Member	
	<input type="checkbox"/> MGMT/ADMIN	<input type="checkbox"/> Non-Member	
2. NAME	TITLE		FEE
	<input type="checkbox"/> DDS/DMD	<input type="checkbox"/> Member	
	<input type="checkbox"/> MGMT/ADMIN	<input type="checkbox"/> Non-Member	
3. NAME	TITLE		FEE
	<input type="checkbox"/> DDS/DMD	<input type="checkbox"/> Member	
	<input type="checkbox"/> MGMT/ADMIN	<input type="checkbox"/> Non-Member	
4. NAME	TITLE		FEE
	<input type="checkbox"/> DDS/DMD	<input type="checkbox"/> Member	
	<input type="checkbox"/> MGMT/ADMIN	<input type="checkbox"/> Non-Member	
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 _____

RECEIVE A COMPLIMENTARY MEMBERSHIP

Group practice non-member registration fees include a 2020 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, 2020, less a \$55 per person processing fee. CANCELLATIONS RECEIVED AFTER JANUARY 2, 2020 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