

AADGP DENTAL GROUP EXPO '17

2017

GROUP / ORGANIZATION NAME		DATE
STREET ADDRESS		
CITY	STATE	ZIP/POSTAL CODE
CONTACT NAME		
PHONE NUMBER	E-MAIL ADDRESS	

*Please provide direct contact information

	Early Bird	After Dec. 15	Code
2016 AADGP Paid Members (as of 07.31.2016)	\$445	\$495	01W
Non-Members	\$545	\$595	02W

- ☐ **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.

	☐ DDS/DMD ☐ Member ☐ MGMT/ADMIN ☐ Non-Member	
1. NAME	TITLE	FEE
☐ DDS/DMD ☐ Member ☐ MGMT/ADMIN ☐ Non-Member		
2. NAME	TITLE	FEE
☐ DDS/DMD ☐ Member ☐ MGMT/ADMIN ☐ Non-Member		
3. NAME	TITLE	FEE
☐ DDS/DMD ☐ Member ☐ MGMT/ADMIN ☐ Non-Member		
4. NAME	TITLE	FEE
☐ DDS/DMD ☐ Member ☐ MGMT/ADMIN ☐ 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

INSTANT \$50 SAVINGS

Register by December 15 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 2017 Conference are automatically entered into a drawing to win one free admission for 2018.

RECEIVE A COMPLIMENTARY MEMBERSHIP

Group practice non-member registration fees include a 2016 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, 2017, less a \$55 per person processing fee. CANCELLATIONS RECEIVED AFTER JANUARY 2, 2017 WILL NOT BE ELIGIBLE FOR A REFUND.

MAIL, EMAIL OR FAX:

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FAX: 602.381.1093
aadgp@aadgp.org

QUESTIONS?

Call us at: 602.381.1185