AADGP DENTAL GROUP EXPO '18

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
2017 AADGP Paid Members (as of 07.31.2017)	$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 _____

2018

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.

RECEIVE A COMPLIMENTARY MEMBERSHIP

Group practice non-member registration fees include a 2018 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, 2018, less a $55 per person processing fee. CANCELLATIONS RECEIVED AFTER JANUARY 2, 2018 WILL NOT BE ELIGIBLE FOR A REFUND.

MAIL, EMAIL OR FAX:

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Phoenix, AZ 85016
FAX: 602.381.1093
aadgp@aadgp.org

QUESTIONS?

Call us at: 602.381.1185