

SIGN ME UP

FOR THE ROCKWALL, TX 12-SESSION COURSE (2010-2012)

Name _____ D.D.S./D.M.D.

E-mail _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell (_____) _____

Fax (_____) _____

EARLY BIRD \$500 DISCOUNT (check only if applies)

Yes, I'd like a **\$500 discount** and I agree to **enroll in the full course** prior to the Introductory Session.

Check all that apply

- Sign me up for the "Introductory Orthodontic Session" for \$150.00.
- Enroll me in the 12-Session Hands-on Course for \$14,400.00* plus two years of AGpO membership for \$590.00*.
- I am interested in learning more about the following topics: _____

Payment

- I have enclosed my check for \$ _____ .
- Please place my payment of \$ _____ on my credit card # _____
 - VISA MasterCard Discover American Express Exp. Date _____ Security Code _____
 - Name as it appears on card _____
 - Signature _____
 - Card billing address (if different from above) _____
- Finance through North Dallas Bank and Trust (upon approved credit)

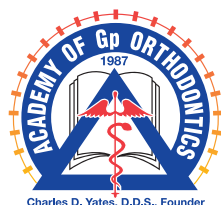
How did you hear about us?

- AGpO website
- AGpO member _____
- ad (publication) _____
- other _____

CANCELLATION POLICY (check to accept terms)

I understand that once my tuition is paid, I have three business days to cancel the course without penalty. No refunds will be made less than 21 days prior to the first session. The Academy reserves the right to delay or cancel this course with my option of a full refund.

RKWL1012



509 E. Boydston Ave. Rockwall, TX 75087
Phone 800.634.2027 Fax 888.634.2028

**Register today! Mail, Fax (888) 634-2028
or go to www.academygportho.com**

ADA CERP® | Continuing Education
Recognized Program
The Academy of Gp Orthodontics
is an ADA CERP recognized provider.



Approved PACE Program Provider FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board
of dentistry or AGD endorsement. 03/01/2010 to 02/28/2014