



GEORGIA ACADEMY OF GENERAL DENTISTRY

2010 ANNUAL SYMPOSIUM

REGISTRATION FORM

January 22-23, 2010 | Marriott Century Center | Atlanta, Georgia

Please indicate the individual sessions(s) you will attend by checking the appropriate boxes below.

Registration for the Mini Dental Implants participation course is "a la carte" - see below.

FRIDAY, JANUARY 22nd

- Contemporary Restorative Dental Materials**
Alan A. Boghosian, DDS
- Anterior Indirect All-Ceramic Restorations**
Jeff T. Blank, DMD, PA

SATURDAY, JANUARY 23rd

- Dental Caries: A New Perspective on an Ancient Disease**
James W. Curtis, Jr., DMD, ABGD, MAGD
- Lasers in Periodontics & Restorative Dentistry**
Robert A. Convissar, DDS, FAGD
- Mini Implants Participation Course** *(space is limited)*
Raymond Choi, DDS

	BY DEC. 1 st	AFTER DEC. 1 st	MINI IMPLANTS PARTICIPATION COURSE	
Two Days Lecture (AGD Member)	\$495 <input type="checkbox"/>	\$545 <input type="checkbox"/>	AGD Member (by Dec. 1)	\$395 <input type="checkbox"/>
Two Days Lecture (Non-Member)	\$595 <input type="checkbox"/>	\$645 <input type="checkbox"/>	AGD Member (after Dec. 1)	\$445 <input type="checkbox"/>
One Day Lecture (AGD Member)	\$295 <input type="checkbox"/>	\$345 <input type="checkbox"/>	Non-Member (by Dec. 1)	\$495 <input type="checkbox"/>
One Day Lecture (Non-Member)	\$395 <input type="checkbox"/>	\$445 <input type="checkbox"/>	Non-Member (after Dec. 1)	\$545 <input type="checkbox"/>

Name: _____

AGD #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Fax: _____

PAYMENT METHOD:

Check (enclosed)

Credit Card:



TOTAL AMOUNT DUE
\$

Card # _____

Exp. Date ____/____ Signature: _____

Return by mail to: GAGD Executive Office, 2711 Irvin Way, Suite 111, Decatur, GA 30030 | Return by Fax to: (404) 299-7029

Cancellation/Refund Policy

Refund requests, less a \$35 administrative fee, will be honored through January 15, 2010. After January 15, cancellations will receive a 50% refund. No-shows will not receive a refund.