



Virginia Academy of General Dentistry
A Constituent of the Academy of General Dentistry

REGISTRATION FORM

(Please print and mail or fax to our executive office)

Course Name _____

Course Date _____

Name _____

Additional Attendees _____

Address _____

City, State, Zip _____

Phone Number _____

Email _____

VAGD Member? Yes _____ No _____

AGD Number _____

How did you hear about this course? _____

Cost:

VAGD Member: \$99 (registering within one month) or \$149 after
Non AGD: \$269 (registering within one month) or \$319 after
Staff/Resident: \$99
Student/Resident: \$49

Payment: Check _____ Check # _____ (please mail to address below)

Credit Card # _____

Total Amount to Charge _____

Expiration Date # _____ Security Code _____

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