

**The Differential Straight-Arch® Technique
Three Day Course for the Assistant
July 20—23, 2017
Plano, Texas**

Dental Office of: _____ [] Yes, I will be attending this course.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Assistant Name(s) and number of years of orthodontic experience:

- Payment:**
- [] 1st Assistant @ \$895.00
 - [] 2nd Assistant @ \$595.00
 - [] 3rd Assistant @ \$795.00
 - [] 4th Assistant @ \$445.00
 - [] () Extra T.P. Supply Kits @ \$300.00 ea
 - [] Additional Staff (contact the Academy)
 - [] Yes, Sign me up for the Optional Cephalometric Tracing & Analysis Session @ \$195 per assistant

Total \$ _____

[] Check enclosed total \$ _____ [] Visa, M/C, Discover, AMEX

Card No. _____ Exp. Date _____ CVV Code _____

Billing Name _____

Billing Address (if Different From Above):

Doctor's Signature: _____

Please fax this to: (888) 634-2028

**To register by mail send this form to:
Academy of Gp Orthodontics
509 E. Boydston Ave.
Rockwall, TX 75087-3956**

Questions??? Call AGpO Headquarters at (800) 634-2027