Name	D.D.S./D.M.D. AGD#	
E-mail		
Address		
City	State	Zip
Phone _()		
Cell _()	<b>EARLY BIRD \$500 DISCOUNT</b> (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.	
Emergency Ph _()		
Check all that apply		
Sign me up for the "Introductory Orthodontic Session" for \$150	USD This session is FREE if you	enroll in the full course!
<ul> <li>Enroll me in the 12-Session Hands-on Course, including two years of AGpO membership, for \$14,990 USD.</li> </ul>		
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Payment (Payments will not be processed until 1 month before the course starts)		
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)		
12 Months No Interest Financing through the Academy		
How did you hear about us?	<b>CANCELLATION POLICY</b> (chec	
AGpO website D Mailer D E-mail	□ 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.	
Other		

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