| Name | D.D.S./D.M.D. AGD# | | |
|---|---|---|--|
| E-mail | | | |
| Address | | | |
| City | State | Zip | |
| Phone () | | | |
| Cell _() | 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. | | |
| Emergency Ph _() | | | |
| Check all that apply | | | |
| $f \square$ Sign me up for the "Introductory Orthodontic Session" for \$150 | CAD. This session is FREE if | you enroll in the full course! | |
| $f \Box$ Enroll me in the 12-Session Hands-on Course, including two year | rs of AGpO membership, for | \$17,490 CAD. | |
| lacksquare I am interested in learning more about the following topics: | | | |
| | | | |
| 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 m | v credit card # | | |
| ☐ VISA ☐ MasterCard ☐ Discover ☐ American Expre | | Security Code | |
| Name as it appears on card | · | • | |
| Signature | | | |
| Card billing address (if different from above) | | | |
| Card billing address (if different from above) | | | |
| ☐ 12 Months No Interest Financing through the Academy | | | |
| | CANCELLATION POLICY | (check to accept terms) | |
| How did you hear about us? | | ce my tuition is paid, I have | |
| ☐ AGpO website ☐ Mailer ☐ E-mail | three business days to cancel the course without penalty. No refunds will be made less than 21 days | | |
| ☐ AGpO member | prior to the first session. | prior to the first session. The Academy reserves the right to delay or cancel this course with my option of | |
| Ad (publication) | right to delay or cancel to a full refund. | | |
| ☐ Other | a full refullu. | | |

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