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			
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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	v credit card #		
☐ VISA ☐ MasterCard ☐ Discover ☐ American Expre	-		
Name as it appears on card			
Signature			
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?	☐ I understand that once my tuition is paid, I have three business days to cancel the course without		
☐ AGpO website ☐ Mailer ☐ E-mail	penalty. No refunds will be made less than 21 days		
AGpO member	•	prior to the first session. The Academy reserves the	
Ad (publication)	right to delay or cancel this course with my option of a full refund.		
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