



2010 Mastership Award Application

(Application must be postmarked by December 31, 2009)

Name	Last	First	Middle	Degree
Address	Street	City	State	Zip
Phone		Fax	Email	
Dental School				Graduation year
AGD #	State/Province where licensed			

License #	Military branch (if applicable)
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() My check in the amount of \$695, payable to the AGD in U.S. dollars, is enclosed. There will be a \$25 fee for all returned checks
OR charge my () Visa () MasterCard for \$695.

Card #	Exp. Date	Signature (must have signature to process your application)
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I affirm that the attached Mastership application accurately itemizes my AGD-acceptable Mastership credits. I understand that the Academy of General Dentistry may check the accuracy of the credits listed. I also understand that I am responsible for the completeness and accuracy of the credit information attached and that the AGD is not responsible for any errors or omissions in my computer record. I agree to abide by the decision of the Dental Education Council and the Board of Trustees regarding whether or not I meet the requirements for Mastership. I do hereby attest that my privilege to practice dentistry has not been suspended or revoked in the past five (5) years, is not currently under consideration for suspension or revocation and that I am currently in good standing with my local State Board of Dentistry. I also attest that I have paid my AGD membership dues and I am currently in good standing with the Academy of General Dentistry. I understand that inaccurate information can result in permanent ineligibility to receive the Mastership award and that such decisions made by the Dental Education Council are final.

Applications withdrawn after the December 31, 2009 deadline or determined by the council not to meet the MAGD requirements are subject to a processing fee of \$100 U.S.

Date	Signature
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Important Convocation Information

Please note- Submitting this information does not guarantee that your application will be approved by the Dental Education Council or the Board of Trustees.

I plan on attending the 2010 Convocation ceremony in New Orleans, LA: () Yes () No

Plaque: This is how I would like my name to appear on my award plaque: _____

PRINT CLEARLY

Plaque Shipment: Please indicate the address you would like your plaque shipped to if it is different than the above address. *Plaques cannot be shipped to P.O. Boxes.*

Address	Street	City	State	Zip
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Mail checks to:	Academy of General Dentistry 28148 Network Pl. Chicago, IL 60673-1281	Phone: 888.AGD.DENT Fax: 312.335.3428	Credit card pymt, fax or mail to: Academy of General Dentistry 211 E. Chicago Ave., Ste. 900 Chicago, IL 60611-1999
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