



888.243.3368 ext. 4969
312.335.3428 fax
www.agd.org

2011 FELLOWSHIP AWARD APPLICATION

Application must be postmarked by December 31, 2010.

Last name		First name		Middle initial	Degree
Street address		City	State/Province	ZIP/Postal code	Country
Phone	Fax		E-mail		
Dental school			Graduation year / /		
AGD ID number		Date of membership (AGD join date)		Date you passed Fellowship Exam	
State/Province where licensed		License number	Military branch (if applicable)		

My check in the amount of \$645, 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 \$645.

Card number		Exp. date	Name as it appears on card
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Signature (must have signature to process your application)

I affirm that the attached Fellowship Award Application accurately itemizes my AGD-acceptable Fellowship credits. I understand that the AGD will 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 Fellowship. I do hereby attest that my privilege to practice dentistry has not been suspended or revoked in the past five (5) years and 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 AGD. I understand that inaccurate information can result in permanent ineligibility to receive the Fellowship Award and that such decisions made by the Dental Education Council are final. **Applications withdrawn after the December 31, 2010, deadline or determined by the council not to meet the Fellowship requirements are subject to a processing fee of \$100 U.S.**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 2011 Convocation ceremony in San Diego, Calif., on Sat., July 30, 2011.

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

Please print clearly

Mail checks to:
Academy of General Dentistry
28148 Network Pl.
Chicago, IL 60673-1281

Mail credit card payment to:
Academy of General Dentistry
211 E. Chicago Ave., Ste. 900
Chicago, IL 60611-1999

Fax credit card payment to:
312.335.3428

Phone: 888.AGD.DENT (888.243.3368)