



888.243.3368 ext. 4969
 312.335.3428 fax
 www.agd.org

2011 MASTERSHIP 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 Fellowship was obtained

 State/Province where licensed License number Military branch (if applicable)

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 number Exp. date Name as it appears on card

 Signature (must have signature to process your application)

I affirm that the attached Mastership Award Application accurately itemizes my AGD-acceptable Mastership 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 Mastership. 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 Mastership 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 **Applications withdrawn after the December 31, 2010, deadline or determined by the council not to meet the Mastership requirements are subject to a processing fee of \$100 U.S.**

 Date Signature

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)