

Texas AGD MasterTrack

Dallas

February 4 - 7, 2010

Dallas County Dental Society Building
Esthetics & Periodontics

Friday: Dr. Frank Milnar

Saturday: Dr. Jaimee Morgan & Dr. Stan Presley

Houston

March 25 - 28, 2010

Norris Conference Center
TMD & Orthodontics

TMD: Presented by Dr. Charles Hoopingarner

Orthodontics: Presented by Dr. David W. Jackson

Austin

September 9 - 12, 2010

AT&T Executive Education & Conference Center
Operative Dentistry

Presented by Dr. Gordon Christensen

Implants

Presented by Dr. Frank Higgenbottom

Participation hours earned while working on Fellowship can be applied to Mastership

48 hours hands-on credit with protocol presentation

MASTERTRACK is a protocol type program set up in two-session segments for each track, we currently have tracks in Austin, Houston and Dallas. Each Session is three and a half days beginning with protocol presentations on Thursday. If you are a new participant to MasterTrack you will not make a presentation on Thursday. However, if you choose to attend to watch the other participant's presentations you may earn lecture credit for that day.

Friday, Saturday, and Sunday begin new topics. Participants that complete four year track will earn the minimum 400 participation hours needed for Fellowship or Mastership. Participants may also join more than one track at a time. Participants are expected to earn the additional lecture hours at local CE meetings during this period. Participation hours earned during the first 500 hours for Fellowship can now be applied to the hours required for Mastership.

Upon registering for this program I authorize TAGD to request and access information about my AGD transcript including view, add, update and edit.

Signature _____

AGD Password _____

Registration

Dallas:

____ February\$895 \$ _____

Austin:

____ September\$895 \$ _____

Houston:

____ March\$895 \$ _____

Sign up for more than one session and the price is only \$797.50 for each session. That's only \$16 for each hour of participation credit!

Total.....\$ _____

Name: _____

AGD #: _____ D.O.B.: ____/____/____

E-mail: _____

Phone: _____

Address: _____

City/State/Zip: _____

Payment:

Check enclosed (payable to Texas AGD)

Visa MasterCard Discover

Card Number _____ - _____ - _____

Exp. Date ____/____ Signature _____

Mail or fax registration to : 409 W. Main Street

Round Rock, TX 78664

or fax to 512-244-0476



For more information call 512-244-0577 or toll-free 877-464-8243.