



AGD MASTERSHIP AWARD 2020 APPLICATION

Phone: 888.243.3368, ext. 4969

Fax: 312.335.3428

www.agd.org

Application must be postmarked by Dec. 31, 2019.

Last name		First name		Middle initial	Degree
Street address		City	State/province	ZIP/postal code	Country
Phone	Fax		Email		
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 \$770, payable to the AGD in U.S. dollars, is enclosed.
There will be a \$25 fee for all returned checks.

OR

Charge \$770 to my Visa MasterCard American Express

Card number		Exp. date	Name as it appears on card	
Signature (required to process your application)			Date / /	

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 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 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Applications withdrawn after the Dec. 31, 2019, deadline or determined by the council not to meet the Mastership requirements are subject to a processing fee of \$100 (U.S.).

Signature	Date / /
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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.

I plan on attending the 2020 Convocation Ceremony in Las Vegas, NV on Saturday July 18, 2020.

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 Place
Chicago, IL 60673-1281

Mail credit card payment to:
Academy of General Dentistry
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600

Fax credit card payment to:
312.335.3428
Phone: 888.243.3368, ext. 4969