

LIFELONG LEARNING AND SERVICE RECOGNITION 2022 APPLICATION Phone: 888.243.3368, ext. 4969 Fax: 312

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AGD ID number	Date of membership		nip	Year Mastership received	
First name	Middle initial		Last name	Degree	
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State/province where licensed	License number	Military branch (if applicable)			
understand that the Academy of General completeness and accuracy of the cred I agree to abide by the decision of the my privilege to practice dentistry has revocation, and that I am currently in g I am currently in good standing with the such decisions made by the Dental Ed	dit information attached and that the Dental Education Council regarding ot been suspended or revoked in the ood standing with my local State Bo e AGD. I understand that inaccurate	e AGD is not responsible g whether or not I meet he past five years, is not ard of Dentistry. I also a	e for any errors or om the requirements for currently under consi ttest that I have paid i	issions in my computer record. LLSR. I do hereby attest that deration for suspension or my AGD membership dues and	
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Please note: Submitting this informati	on does not guarantee that your ap	plication will be approv	/ ved by the Dental Edu	/ ucation Council.	
Important Personalization Inform Attendance at an AGD Convocation C I plan on attending the 2022 Conv	eremony is voluntary.	on Saturday July 30, 202	22.		
This is how I would like my name engr	aved on my crystal:		Please print clearly		
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To better ensure your privacy the AGD cards. The AGD accepts Visa, MasterC can pay through your PayPal account.		□ Check in the amo • Checks must be	ount of \$700 enclosed in U.S. dollars, payab ee for returned check	ole to the AGD	
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Submit completed applications to: education@agd.org OR FAX: 312.335.3428		☐ I understand that my application will not be processed until payment is received			

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