



LIFELONG LEARNING AND SERVICE RECOGNITION 2019 APPLICATION

Phone: 888.243.3368, ext. 4969

Fax: 312.335.3428

www.agd.org

Application must be postmarked by Dec. 31, 2018.

AGD ID number		Date of membership		Year Mastership received
First name	Middle initial	Last name		Degree
Street address	City	State/Province	ZIP/Postal code	Country
Phone		Cell		
Fax		Email		
State/province where licensed		License number	Military branch (if applicable)	

My check (# _____) in the amount of \$700, payable to the AGD in U.S. dollars, is enclosed.
There will be a \$25 fee for all returned checks.

OR

Charge \$700 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 Lifelong Learning and Service Recognition (LLSR) application accurately itemizes my AGD-acceptable LLSR credits. I understand that the Academy of General Dentistry may 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 LLSR. I do hereby attest that my privilege to practice dentistry has not been suspended or revoked in the past five years, 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 LLSR and that such decisions made by the Dental Education Council are final.

Signature	Date
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Please note: Submitting this information does not guarantee that your application will be approved by the Dental Education Council.

Important Personalization Information

Attendance at an AGD Convocation Ceremony is voluntary.

I plan on attending the 2019 AGD Convocation Ceremony in Uncasville, CT on Saturday, July 20, 2019.

This is how I would like my name engraved on my crystal: _____

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

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