



Registrant Information for 2008 NYSAGD Continuing Education Programs

Name of Course(s) Registering For: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ **Fax:** _____

Email: _____

Degree (please circle) DDS DMD RDH RDA

Fellow or Master Designation: _____

Are you a current AGD member (please circle)? YES NO

AGD # _____ **ADA #** _____

Credit Card: (please circle one) Visa MC AMEX

Card Number: _____ **Exp Date** ___/___ **Code** _____

Located on back of Credit Card

Please fax this form to (914) 683-1345. If you have any questions, please call us at 914-683-1139.

An email or fax confirmation will be sent you upon completion of your registration.