



2011-2012 OAGD Participation Study Clubs Registration Form

Course Title / Mentor:

1 **Emergencies in the Sedated Patient**

Dr. Kenneth L. Reed

Select Desired Course: June 24, 2012 (8:00am – 12:00pm)
 June 24, 2012 (1:00pm – 5:00pm)

Contact Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

To confirm registration, please include the first meeting day payment as indicated in the parenthesis for each course. Study clubs require minimum/maximum participants. Please register early.

Payment Plan AGD Member:(\$595) Non-AGD Member: (\$800) Auxiliary Staff: \$300/per staff member

Payment Information

VISA/MC: _____

Total Enclosed: \$ _____ Expiration: _____ CVN: _____

Signature: _____

Registration Instructions

1. Enter the name or names of the study clubs for which you wish to register.
2. Enter your contact information.
3. Enter your total payment or required deposits for all courses.
4. Enter your payment information. Acceptable forms of payment include VISA, MasterCard and check.
5. Mail or fax your completed registration form and payment information to OAGD.

Confirmation: We will send confirmation to you by e-mail or snail mail if you do not provide an e-mail.

Payment Policy

Oregon AGD study club participants are required to submit a deposit with registration information. Once registered, you are responsible for ALL session payments whether or not you attend those sessions. Most study clubs tuition may be broken into payments if desired. When you register, you may submit pre-payment for the entire tuition, or check the 'payments' option box and your tuition (less deposit) will be divided into equal installment payments. If paying by check, please make remittance payable to "Oregon Academy of General Dentistry." No refunds given after a study club begins.

Note for out-of-state registrants: If you need a temporary license to practice dentistry in Oregon during the course, Oregon AGD is willing to assist you with the application process. Ultimately it is your responsibility to make sure you are licensed and insured properly to participate in this course.

Return this form to:

Oregon Academy of General Dentistry
1730 Southwest Harbor Way, Suite 502
Portland, Oregon 97201

For additional information, contact:

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