



Ck# _____ \$ _____

Ck# _____ \$ _____

Name _____ Academy of General Dentistry # _____

Office Address _____ City/State/Zip _____

Cell Phone (for RSVP text) _____

E-mail Address (for RSVP) _____

Office Fax _____ Front office contact person _____

Contact person's e-mail _____

Spouse _____ Special Dietary Considerations _____

Home Address _____ City/State/Zip _____

STAFF MEMBERS PARTICIPATING (Please Print Clearly)

Staff	Job Title
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____

**Tuition includes doctor meals for 8 programs; up to 5 staff members to September, November and February programs; 2 Front office staff to October program; CE for the entire 2023-2024 educational program.*

****Deadline for registration is August 1, 2023***

- ☐ Enclosed is my check for \$2300 for the 2022-2023 tuition paid by August 1, 2023.
- ☐ Enclosed is my check for \$2450 for the tuition paid **AFTER** August 1, 2023
- ☐ Enclosed is a check installment for the 2023-2024 year. Please contact our office to make payments for the tuition.

Send check (s) to: Great Plains Study Club • 5811 Nall Avenue • Mission, KS 66202