

... a Seattle Study Club

2024/2025 Member Registration

Name:	AGD Member #	
Address:		
City/State/Zip:		
Name of Dental Office:		
Business Phone:	_ Fax: Cell:	
Email:		
Main Contact Person within the office:		
Preferred method of contact: Call	Cell Call Office Email Fax Text	
Birthday: Doctor Dieta	ary Considerations:	
hours. In addition, you will receive mer National Symposium, and a subscription solely to the operating costs of the high	udes all Study Club meetings. There is a potential total of 2 mbership to "The Seattle Study Club" network, an invitation to the quarterly treatment planning journal. All tuition is a-quality programming of Central Carolina Dental Continue	on to the s dedicated
Registration is due on or before Septer *Please make checks payable	mber 1, 2024 e to: Central Carolina Dental Continuum	
Enclosed is a check for the full amount of the remaining tuition of \$1,100.00	of \$1,100.00 for the first installment of my membership, I u	understand that

SEATTLE STUDY CLUB

Cultivating Excellence in Comprehensive Dentistry



Central Carolina Dental Continuum
Locally Approved PACE Program Provider for
FAGD/MAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
12/1/2022 to 11/30/2026
Provider ID# 347296