

SAMPLE ROSTER

**Academy of General Dentistry**

Include only AGD members and submit roster through the AGD Web site:

[www.agd.org](http://www.agd.org)

Questions? Call: 888.243.3368, ext 7000

E-Mail - [Membership@agd.org](mailto:Membership@agd.org)



Fax: 312.335.3443

**Continuing Education Course Roster**

<b>Provider Name</b>	_____	<b>Course Location</b>	_____
<b>Provider ID Number</b>	_____	<b>Instructor Name</b>	_____
<b>Contact Person Name</b>	_____	<b>Course Name</b>	_____
<b>Contact Person E-mail</b>	_____	<b>Course Date</b>	_____
<b>Provider Address</b>	_____	<b>Subject Code</b>	_____
	_____	<b>Credit Hours</b>	_____
	_____	<b>Verification Code</b>	_____
	_____	<b>Lecture/Participation/Self</b>	_____

Course Description:

	Are you an AGD Member?		Member AGD#	Member Name	State	Office Phone	City, State
	Yes	No					
1							
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