ELITE DENTAL GROUP LTD

"Asking the Right Questions"

	Date	Time	Speaker	Topic	Venue
1	Wednesday, September 12, 2018	5 – 9 PM (3 CEU)	Ms. Eva Grayzel	"A Story NOT Silenced by Stage IV Oral Cancer: The Value in Patient Education, Accurate Diagnosis, Adequate Follow-up and Specialist Referrals"	Royal Melbourne Country Club (Long Grove)
2	Friday, October 19, 2018	8 AM – 4 PM (6 CEU)	Dr. Sundeep Rawal	"Beyond the Basics: Advanced All-on-4 Case Analysis & Workshop"	Ravinia Green Country Club (Riverwoods)
3	Thursday, November 1, 2018	6 – 9 PM (2 CEU)	Members	Clinical Treatment Planning	HarborChase (Long Grove)
4	Wednesday, December 5, 2018	8 AM – 2 PM (4 CEU)	Mr. Kevin Joyce	"Communication & Leadership"	Ravinia Green Country Club (Riverwoods)
5	Tuesday, January 8, 2019	6 – 9 PM (2 CEU)	Members	"Planning for Your Ideal Practice"	North Shore Smile Surgery (Buffalo Grove)
6	Wednesday, February 6, 2019	6 – 9 PM (2 CEU)	Members	Clinical Treatment Planning	North Shore Smile Surgery (Buffalo Grove)
7	Friday, March 1, 2019	8 AM – 4 PM (6 CEU)	Dr. Jeff Rouse	"Airway and Sleep Prosthodontics: An Introduction to the Future of Restorative Dentistry"	Ravinia Green Country Club (Riverwoods)
8	Friday, April 12, 2019	8 AM – 4 PM (6 CEU)	Dr. Eric Rindler	"The Business of Dentistry"	Gibsons Steakhouse (Oakbrook)
9	Thursday, May 16, 2019	5.30 – 9 PM (2 CEU)	Members	Final Dinner	Exmoor Country Club (Highland Park)

For further details: www.EliteDentalGroupStudyClub.com

ELITE
DENTAL GROUP LTD

MEMBERSHIP REGISTRATION FORM

ACADEMIC YEAR OF 2018 – 2019

First Name: _____ Last Name: _____

Credential (s): _____ AGD member: ❑ Yes ❑ No AGD #: _____

Practice Name: _____

Address: _____

* Office Phone: _____ Fax: _____

* Mobile Phone: _____ * Email: _____

Preferred methods of contact (can select more than one):

❑ Phone Call #_____ ❑ Text Message #_____ ❑ Email ❑ ALL

Special Dietary Requirements (please specify): _____

Shirt Size (select one): ❑ XS ❑ S ❑ M ❑ L ❑ XL ❑ XXL

Member Profile

Specialty/Practice Focus:	
Date of Birth:	Year Started Practice:
Dental School:	Number of Staff in Practice:
Undergrad Degree/Studies	
Hobbies/Interests:	

Payment Information

Prorated to $1,705 (for Nov – May programs)

Tuition: ~~$2,345~~ Method of Payment: ❑ Check ❑ Credit Card *($50 card fee applied)*

Amex /Disc / MC / Visa # _____ Exp. Date: ___ /___ CVS # _____

Name on card: _____

Billing Address: _____

Return by Mail to 1411 McHenry Rd. Suite 127, Buffalo Grove, IL 60089 | Return by Fax to (847) 276-2501

or Return by Email to chinta@smilesurgery.com (scan or photograph)