

LEAP Course

Friday, December 15, 2017

8:30 a.m. – 4 p.m.

Registration

ADA Member No. _____

Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: (_____) _____ Contact Email: _____

Fees

Dentist - \$500

Hygienist - \$250

Payment

Check Enclosed Payable to the Georgia Dental Association Visa MasterCard AMEX

Cardholder Name: _____

Card #: _____ Exp. Date: _____

Security Code: _____ Total Charge Authorized: \$ _____

Signature: _____ Date: _____

**There is a \$5 convenience fee for each credit card transaction*

General Information

The course will be held at the GDA office:
7000 Peachtree Dunwoody Road, Bldg. 17
Atlanta, GA 30328

Lunch will be provided

Fax, mail or Email completed form and payment to:

Georgia Dental Association
7000 Peachtree Dunwoody Rd. NE
Suite 200, Bldg 17
Atlanta, GA 30328
Attn: Carolyn Jones
Fax: 404-633-3943
carolyn@gadental.org

Questions? Contact Carolyn Jones at 404-636-7553 ext. 128 or carolyn@gadental.org