

# | DAADOM |

## Enrollment in AADOM *Diplomate Program*

### CONTACT INFORMATION

First & Last Name \_\_\_\_\_ Title \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### PAYMENT INFORMATION

#### Enrollment Fee

\$99 for all DAADOM Enrollment Reviews (Fee is non-refundable)

#### Payment

Method of payment:  Check (Make checks payable to "AADOM")

Credit Card

Name on CC \_\_\_\_\_ Exp Date (MM/YY) \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Credit Card \_\_\_\_\_ Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed form to [kelli@dentalmanagers.com](mailto:kelli@dentalmanagers.com) or mail form and check to: AADOM, 125 Half Mile Road, Ste. 200, Red Bank, NJ 07701

### AFFIRMATION

I affirm that I am enrolling in AADOM's Diplomate Program. I understand that if I do not complete the requirements within five years of this date, I forfeit my enrollment fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_