

| FAADOM |

Enrollment in AADOM Fellowship Program

CONTACT INFORMATION

First & Last Name _____ Title _____

Home Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Mobile Phone _____

Email Address _____

PAYMENT INFORMATION

Enrollment Fee

\$75 for all FAADOM 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 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 Fellowship Program. I understand that if I do not complete the requirements within two years of this date, I forfeit my enrollment fee.

Signature _____ Date _____