

Current Residents/AAO Foundation Vanguards

REGISTRATION FORM
AAO Foundation Golf Outing
Friday, April 30, 2010
Lake President
Fax to 314-993-5208



ENTRY

Name: _____

Name of Program: _____ Year of Graduation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening) _____

Fax: _____ e-mail: _____

My Handicap: _____

Please reserve (left/right) complimentary Nike club rentals for me. (Circle left or right)

TEAMS – Please choose one

_____ My other team members are:

Name: _____ Handicap: _____ Shirt Size _____

Name: _____ Handicap: _____ Shirt Size _____

Name: _____ Handicap: _____ Shirt Size _____

_____ Please assign me to a team

FEES

_____ Golf (@ \$125.00) \$ _____

*Rate offered only to current residents who are [AAOF Vanguards](#)**

_____ Additional gift to AAOF (Optional) _____

TOTAL \$ _____

PAYMENT

_____ My check for \$ _____ is enclosed

_____ Please bill my MasterCard ____, Visa ____, American Express _____

Account Number: _____ Expiration Date: _____

**By signing this, I stipulate that I am (a.) currently an orthodontic resident and (b.) a member of the AAOF Vanguard Society or I hereby commit to becoming an [AAOF Vanguard Society](#) member.*

Signature: _____

(SORRY, BUT NO REFUNDS AFTER APRIL 1, 2010)