

# DPG Membership Form



## Contact Information

Practice Name	
Street Address	
City ST ZIP Code	
Owners Name	
Practice Contact Name	
Work Phone	
E-Mail Address	

## Availability

During which hours are you typically available for a brief follow-up meeting?

- Weekday mornings
- Weekday afternoons
- Please circle the best day:  
**M T U W T H F**

## Interests

Tell us which areas you are interested in most:

- Financial** - Payroll processing, Credit Card processing services, Banking/Practice Loans, Equipment Loans, Accounting services, Professional Liability Insurance, Collections, 401k Retirement Plans, Insurance Negotiation
- Supplies** - Clinical supplies, Whitening products, Burs/Diamonds, Implants, Aligners, Dental Labs, Healthcare Apparel Laundering, Business Office supplies
- IT** - Full service IT, Marketing services, Social Media, Websites, Direct Mail, Patient Communication Software, Cyber Liability Insurance, Practice Mgt Training
- Others** - Dental billing, UCR analysis, Credentialing, Ins Verification, Precious Metal Refinery, In-house Dental Membership plans, Equipment, Handpiece repair

## Additional Practice Information (as applicable for multiple locations)

Practice Name	
Street Address	
City ST ZIP Code	
Owners Name	
Practice Contact Name	
Work Phone	
E-Mail Address	

## Individual Authorized To Initiate DPG Membership

Printed Name	
Date	

\*This is not a contract, it is an authorization form to become a member of DPG.

**FREE DPG membership, courtesy of the AACD! Give our vendors a try, run some cost comparisons and let us show you the value of membership! Start Saving Today!**

Please email to [SAJ@DentalPurchasingGroup.com](mailto:SAJ@DentalPurchasingGroup.com) or fax to:(978) 860-2914 or send pic to 978-609-4281