

# ATLANTIC PROVINCES Academy of General Dentistry

Please take 5 minutes to fill in this membership survey and return in a self- addressed stamped envelope.

1. What areas of continuing education would you be most interested in attending? Please circle the subject area(s) which interest you and write “hands on” next to those in which you would prefer hands on training.

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|--|------------------------------------|
| <b>A. Implants</b>                             | <b>K. Periodontics</b>             |
| <b>B. Orthodontics</b>                         | <b>L. Endodontics</b>              |
| <b>C. Oral Surgery</b>                         | <b>M. Pediatrics</b>               |
| <b>D. Esthetics</b>                            | <b>N. Practice Management</b>      |
| <b>E. Motivational</b>                         | <b>O. Financial Planning</b>       |
| <b>F. Fixed Prosthodontics</b>                 | <b>P. Removable Prosthodontics</b> |
| <b>G. Oral pathology</b>                       | <b>Q. Radiology</b>                |
| <b>H. Medical emergencies</b>                  | <b>R. Oral Medicine</b>            |
| <b>I. Digital Photography(clinical photos)</b> |                                    |
| J. Other(Please indicate)_____                 |                                    |
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2. Would you be interested in attending our Annual Meeting in a resort setting (eg. Brudenell River Resort on Prince Edward Island)?

No \_\_\_\_\_ (skip to next question)

Yes \_\_\_\_\_

If you answered yes, please circle the appropriate response.

Would you prefer: every year / every 2 years / every 3 years

Would you prefer: Spring / Summer / Fall / Winter

Is there anything else you would like to do at our Annual Meeting? Please indicate:

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3. How would you prefer we communicate with you? Please circle preference(s).

E-mail Mail Voicemail Fax

Please provide addresses and phone numbers

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4. What can the Atlantic Provinces Academy of General Dentistry do for you that your Provincial or National Dental Association is not taking care of?

Please specify:

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5. Have you checked out our website? ([www.atlanticagd.ca](http://www.atlanticagd.ca))

No /Yes

If yes, what can we change to make it better to be more informative and easier to use?

Please specify: \_\_\_\_\_

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Thank you very much for your time.

The Executive of the

Atlantic Provinces Academy of General Dentistry

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Saint John, N.B.

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