

Have your cake and eat it, too.

Experience the sweet success of learning more!



Texas AGD and Hufford Financial Advisors, LLC *Mastering Your Financial Future*

The Hufford program series wants to help you achieve wealth in your practice. The program will help evaluate your needs, wants and savings to ensure that the right long-term strategies are employed for optimal success defined by the way you want to live. Financial success in a small business environment, like that of your dental practice is complicated and can be simplified beyond making more and spending less. The program is a four-part course designed to guide you through Hufford's four steps to financial success: **Discover, Develop, Lead, and Master.**

Friday - Saturday, February 1 - 2, 2008

Session 1 & 2 • 9:00 am - 5:00 pm

Hilton Austin

and

Friday - Saturday, April 4 - 5, 2008

Session 3 & 4 • 9:00 am - 5:00 pm

Embassy Suites Austin Arboretum

Fees (includes all 4 sessions)

AGD Dentists.....	\$1,495
Non-AGD Dentist.....	\$1,995
Spouse/Staff.....	\$495
2007 Graduate.....	\$795

Refund requests must be submitted in writing before January 25, 2008

All special accommodations must be submitted by January 18, 2008 to

Connie Sonnier at 512-244-0577 or connie@tagd.org

If course is cancelled participants will receive a full refund

Brian C. Hufford is President of Hufford Financial Advisors, LLC, a financial consulting firm that assists its national base of dental clients in achieving financial freedom. Mr. Hufford, a graduate of the Indiana University School of Business, is a Certified Financial Planner and Registered Investment Advisor. He has written articles for *Dental Economics* and is now a monthly guest columnist providing financial education to dentists.



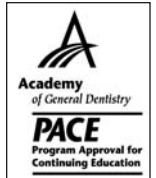
Reservations:

Hilton Hotel • 800-236-1592

500 East 4th Street • Austin, TX 78701

Embassy Suites Austin Arboretum • 512-372-8771

9505 Stonelake Blvd. • Austin, TX 78759



Provider # 219328

Registration

Your 6-digit AGD number: _____ Dr. Mr. Mrs. Ms. {Check one}

Last Name _____ First Name _____

Nickname for Badge {if desired} _____ Spouse Name _____

Address _____ City, State, ZIP _____

Business Phone _____ - _____ - _____ Fax _____ - _____ - _____ Email _____

I would like to register: AGD Dentist Non-AGD Dentist Spouses /Staff 2007 Graduate

Total \$ _____

Payment Information

I have enclosed a check made payable to Texas Academy of General Dentistry

Please charge my: Visa MasterCard Discover

Credit Card Number _____ Expiration Date ____/____/____ Signature _____

Mail registration forms to: **Texas Academy of General Dentistry**
409 West Main Street
Round Rock, TX 78664

Or fax registration to: 512-244-0476

