



AGD PACE LOGO USE AGREEMENT

PROVIDER NAME _____

PROVIDER ID NO. _____

CURRENT TERM OF APPROVAL _____

Permission to Use AGD PACE Logo for the Following:

Marketing materials advertising continuing education courses during the specified approval period

Website providing information about continuing education courses during the specified approval period

Attendance verification forms for the specified approval period

Other (please explain) _____

TERMS

Continuing dental education program providers approved by the PACE Council shall be designated "approved program providers" for the length a specified approval period. Approval of a program provider does not imply recognition or approval of that program provider's parent or satellite organizations, cooperating agencies, parent company, subsidiaries, or divisions.

Any reference to the awarding of approved continuing education credit by a PACE-approved program provider in its announcements, promotional materials, publications, or any other form of communication must conform exactly to one of the two approved AGD PACE logomarks. The terms "accreditation," "accredited," "certification," or "certified" must not be used in conjunction with PACE approval.

Please initial:

____ I agree to add the accepted approval statement as described in the Guidelines for Graphic Standards and Reproduction of the Logo for the Academy of General Dentistry PACE Program whenever using the graphic symbol and logotype provided to me.

____ I have read the terms of this agreement and agree to abide by these regulations in full.

PRINT NAME _____

SIGNATURE _____

DATE _____

Please email the AGD PACE logo to:

EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____

PLEASE RETURN THIS SIGNED DOCUMENT TO:

Academy of General Dentistry

PACE Program

Fax: 312.335.3443

Email: pace@agd.org