

2013 THOMAS P. HINMAN DENTAL MEETING

Attendee Mailing List Order Form

Please use this order form to purchase a list of the registered attendees to the Thomas P. Hinman Dental Meeting. If you wish to place more than one order, please duplicate this form. FULL PAYMENT must accompany each order. Georgia residents please add 7% sales tax. Make your check payable to QMS Services, Inc. * *This list is intended for exclusive use by Hinman exhibitors and shall not be resold or reproduced.*

Check which you prefer: 2013 Pre-registration List (Available February 27, 2013) 2012 Post Show List

Name: _____
Firm/Organization: _____ Booth#: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____
E-mail Address: _____

Entire List Options: (e-mail address provided if registrant opted to supply)

- Electronic List – complete attendee file, sent via e-mail.....\$ 600.00
- Flat List – complete attendee file, available via printed list or printed labels only.....\$ 540.00

Individual Printed List(s) or Printed Label Options: (Check all applicable, e-mail address provided if registrant opted to supply)

- | | |
|---|--|
| A. Dentists..... \$ 300.00 | C. Residents.....\$90.00 |
| 1. Dentists (First Year).....\$ 90.00 | D. Dental Students.....\$90.00 |
| 2. Dentists (Second Year)..... \$ 90.00 | J. Student Assistants.....\$90.00 |
| F. Assistants.....\$ 205.00 | K. Student Hygienists.....\$90.00 |
| G. Hygienists.....\$ 230.00 | L. Student Lab Technicians.....\$90.00 |
| H. Office Staff.....\$ 165.00 | Q. Guest.....\$90.00 |
| I. Lab Technicians.....\$ 90.00 | |
- TOTAL:** _____
(GEORGIA RESIDENTS ADD 7% SALES TAX)

*You may COMBINE all three categories of Dentists (A, 1, 2) for the following prices: \$385.00 for a printed version or \$475.00 for an electronic version.

*You may COMBINE any of the above \$90.00 categories (as a printed version only) for the following prices: any 2 for \$160.00 - any 3 for \$220.00 - any 4 for \$300.00.

*Please call for a quote on other combined lists.

If you did not order an electronic file, please select a list type and print sequence:

CHECK LIST TYPE (CHECK ONE)

CHECK PRINT SEQUENCE (CHECK ONE)

Pressure sensitive labels Flat list (11"x14") Registrant name State by city Zip code

Credit card orders ONLY may be faxed to (678) 341-3099

Payment Type: Visa Mastercard American Express Check _____
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