

2017 HINMAN ATTENDEE MAILING LIST ORDER FORM



Name: _____
Firm/Organization: _____ Booth#: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

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. Those who purchase this list are only authorized to use the list for a single, one-time mailing.**

2017 Post Show Options

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

COMBINE all three categories of Dentists (A, 1, 2) for the following prices:

- \$385.00 for a *printed version*
- \$475.00 for an *electronic version*

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

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.

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

CHECK LIST TYPE (CHECK ONE)

- Pressure sensitive labels
- Flat list (11"x14")

CHECK PRINT SEQUENCE (CHECK ONE)

- Registrant name
- State by city
- Zip code

TOTAL: _____

(GEORGIA RESIDENTS ADD 7% SALES TAX)

✓ Please ensure that all boxes have been appropriately marked before sending.

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

Payment Type: Visa Mastercard American Express Check _____

Card Number: _____

Exp. Date: _____

Cardholder's Signature: _____

Please mail completed order forms and payment to:

QMS Services, Inc.
6840 Meadowridge Court
Alpharetta, GA 30005

Phone: (678) 341-3006

Fax: (678) 341-3099