

2018 HINMAN ATTENDEE MAILING LIST ORDER FORM

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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.**

Check which you prefer: 2018 Pre-registration List (Available February 28, 2018) 2017 Post Show List

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

Electronic List – complete attendee file, sent via e-mail: **\$ 650.00**

Individual Options:

(Check all applicable, e-mail address provided if registrant opted to supply)

- | | |
|---|-----------|
| <input type="checkbox"/> A. Dentists | \$ 330.00 |
| <input type="checkbox"/> C. Residents | \$ 100.00 |
| <input type="checkbox"/> 1. Dentists (First Year) | \$ 100.00 |
| <input type="checkbox"/> D. Dental Students | \$ 100.00 |
| <input type="checkbox"/> 2. Dentists (Second Year) | \$ 100.00 |
| <input type="checkbox"/> J. Student Assistants | \$ 100.00 |
| <input type="checkbox"/> F. Assistants | \$ 225.00 |
| <input type="checkbox"/> K. Student Hygienists | \$ 100.00 |
| <input type="checkbox"/> G. Hygienists | \$ 250.00 |
| <input type="checkbox"/> L. Student Lab Technicians | \$ 100.00 |
| <input type="checkbox"/> H. Office Staff | \$ 180.00 |
| <input type="checkbox"/> Q. Guest | \$ 100.00 |
| <input type="checkbox"/> I. Lab Technicians | \$ 100.00 |

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

\$525.00 for an *electronic version*

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

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