2024 HINMAN ATTENDEE MAILING LIST ORDER FORM

		1
Name:	Booth#:	A/
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 Eleventh & Gather. * 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: 2024 Pre-registration List (available as of February 26, 202 2023 Final Show List 2024 Post-meeting List	24)	
List information: (e-mail address provided <u>IF</u> registrant opted to supply) *complete attendee file, sent via e-mail: \$ 650.00		
The following fields will be included in the data: First name Last name Job title Company Address1 Address2 City State/province Zip code Country Phone E-mail (if registrant opted to provide) Registration category *please note for the pre-registration list, only the data collections.	cted up and until February	23, 2024 will be sent.
TOTAL:(GEORGIA RESIDENTS ADD 7% SALES TAX) ✓ Please ensure that all boxes have been appropriately man Payment Information Payment Type: □ Visa □ Mastercard □ American Express □ Card Number: Exp. Date: Billing Zip Code:	Check	Eleventh & Gather 6840 Meadowridge Court Alpharetta, GA 30005 Order Online: www.prereg.net/qconnect Email form to: hd@prereg.net
Cardholder's Signature:		Questions: Phone: (678) 341-3006
*Printed mailing labels available upon request; call for pricing		