

2020 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.***

Check which you prefer: 2020 Pre-registration List (available as of March 2, 2020) 2019 Post Show List

List information: (e-mail address provided IF registrant opted to supply)

*complete attendee file, sent via e-mail: \$ ~~650.00~~ \$500

The following fields will be included in the data:

First name
Last name
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 collected up and until March 2, 2020 will be sent.

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

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*Printed mailing labels available upon request; call for pricing