# 2019 RMDC MAILING LIST REQUEST

We have two types of mailing lists available for purchase. Please indicate your choice below and we will process your request on the date you indicate here _____.

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

| | | Qty | Total |
|---|---|---|---|
| Mailing Labels (for one time use only)<br>*Printed on Avery 5160 labels, sorted by zip code*<br>*All RMDC attendees registered at date of purchase* | $500 per set | ____ | _____ |
| Electronic Mailing List<br>*Excel Worksheet*<br>*All RMDC attendees registered at date of purchase* | $1,200 per list | ___ | _____ |
| | | Total Due | _____ |

## Payment Information

Credit Card # _____ Card Type: Visa MC Disc AMEX

CVN # _____ Exp Date _____

Name on Card (Print) _____

Signature _____

Billing Address (if different from above) _____

Please return to MDDS by:

Email - jwissel@mddsdentist.com
Fax - (303) 488-0177
Mail - Metropolitan Denver Dental Society
925 Lincoln Street, Unit B
Denver, CO 80203