



2023 RMDC ATTENDEE LIST REQUEST

IMPORTANT NOTE: Each company requesting an attendee list is required to submit, with this form, a sample of the document to be sent. The attendee list will not be issued without receipt of the sample.

Lists are available only to 2023 RMDC exhibitors and sponsors.

Please indicate the date you would like your request processed _____.

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

		<u>Qty</u>	<u>Total</u>
Electronic List	\$700 per list	_____	_____
<i>(for ONE-TIME use only)</i>			
<i>Excel file</i>			
<i>All RMDC attendees (excluding students) registered at date of processing</i>			
<i>List includes name, practice name and mailing address</i>			
		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 – exhibits@mddsdentist.com

Fax – (303) 488-0177

Mail – Metro Denver Dental Society
925 Lincoln Street, Unit B
Denver, CO 80203