



# 2024 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 2024 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>
<b>Electronic List</b> <span style="float: right;">\$850 per list</span>	_____	_____

**(for ONE-TIME use only)**

*Excel file*

*All RMDC attendees (excluding students) registered at the date of processing. List includes name, practice name, mailing address.*

Check all registration categories you would like included:

- All Attendees    
  Dentists    
  Hygienists    
  Dental Assistants    
  Front Office

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](mailto:exhibits@mddsdentist.com)  
 Fax – (303) 488-0177  
 Mail – Metro Denver Dental Society  
 925 Lincoln Street, Unit B  
 Denver, CO 80203