



# 2027 RMDC ATTENDEE MAILING 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 2027 RMDC exhibitors and sponsors.*

Please indicate the date you would like your request processed \_\_\_\_\_.

Please indicate which category of attendees you prefer:  Dentist  Hygienist  Dental Assistant  Front Office

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

	<u>Qty</u>	<u>Total</u>
<b>Mailing List (emails not included)</b>	\$850 per list	_____
<b>(for ONE-TIME use only)</b>		
<i>Excel file</i>		
<i>RMDC attendees (excluding students) registered at date of processing.</i>		
<i>List includes name, practice name, mailing address.</i>		
	<b>Total Due</b>	_____

**Payment Information**

Credit Card # \_\_\_\_\_ Card Type: Visa MC Disc AMEX

CVV # \_\_\_\_\_ 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