

2008 STAR OF THE SOUTH DENTAL MEETING

Attendee Mailing List Order Form – Post Show

Please use this order form to place your order for mailing labels of the registered attendees to the Star of the South Dental Meeting. If you wish to place more than one order, please duplicate this form. FULL PAYMENT must accompany each order. Make your check payable to QMS Services, Inc. *These labels are intended for exclusive use by Star of the South Dental Meeting exhibitors and shall not be resold or reproduced in any manner.*

Name: _____ Booth #: _____

Firm/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Full Attendee Label Request Option

Full Attendee List – labels only..... \$ 400.00

-or-

Individual Label Options (Check all applicable)

- Dentists..... \$ 300.00
- Hygienists..... \$ 150.00
- Chairside Assistants..... \$ 90.00
- Office Staff..... \$ 90.00
- Dental Lab Technicians..... \$ 50.00

TOTAL _____

YOU MUST COMPLETE THIS SECTION!

CHECK TYPE OF LIST (CHECK ONE)

- Pressure sensitive labels
- Cheshire labels

Credit card orders ONLY may be faxed to (770) 888-2895:		
<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Check # _____		
Card Number: _____	Exp. Date: _____	
Signature: _____		

**Please mail completed order form
and payment to:**

**QMS Services, Inc.
6840 Meadowridge Court
Alpharetta, Georgia 30005
Phone: (800) 824-2389 Fax: 770-888-2895**