

2019 STAR OF THE SOUTH DENTAL MEETING

Attendee Mailing List Order Form

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. Includes name, address, registration category, phone number, and emails (if provided). *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: _____

Check which you prefer:

- 2018 Post Show
- 2019 Pre-Show

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!

| | |
|---|---|
| Credit card orders ONLY may be faxed to (678) 341-3099: | |
| <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: 678-341-3099