



METROPOLITAN DENVER
DENTAL SOCIETY

Connections For Our Profession

MAILING LABELS REQUEST FORM

Members are permitted one complimentary set of labels annually upon approval by the Member Service Director to announce change of address(s), new associateship, etc. Members may purchase labels for profit generating ventures for a reduced fee of \$75.00; non-members pay a fee of \$280.00. Purchased labels or lists are for ONE time use only. **You are required to submit a sample of the brochure, letter, etc... for request approval.**

Member Name _____ Member Signature _____ Date Requested _____

Address _____ City _____ Zip _____

(_____) _____ (_____) _____
Telephone Fax Email Address

Purpose of Mailing Labels*

*Please send a copy of brochure, letter, etc. for review.

Membership Categories

_____ To promote for a profit venture (Members Only- \$75.00 fee)

_____ All Members, all zip codes

_____ To promote a practice

_____ All Active Members Only

_____ To promote an associateship

_____ All Retired Members Only

_____ Change of Address/New Office

_____ All Student Members Only

_____ Other

_____ Active Members under age 30

_____ Active Members between ages 30 – 50

_____ Active Members over age 50

_____ Need Zip Codes only for:

Specialists Only (Please specify) for:

Sort Options: Alphabetic: _____ Zip Code: _____

Label Options: As Labels: _____ On Disk: _____ Text Only: _____ Excel: _____ Pre-formatted as labels: _____

Mailing Options:

Regular U.S. Mail: _____ Pickup @ MDDS: _____ Overnight U.S. Mail (By Quote): _____ E-mail: _____

Payment: Check (enclosed): _____ Credit Card (circle one): **Visa MasterCard Discover AMEX**

Card # _____ Expiration Date: _____

Signature: _____

Billing Address: _____

City, State, Zip Code: _____

Name on Card: _____

Please one week for delivery following order placement.

Mail to: MDDS, 3690 S Yosemite St, Ste 200, Denver CO 80237 or FAX to: (303) 488-0177