

# NATIONAL CHILDREN'S DENTAL HEALTH MONTH

# NCDHM

# 2018



## POSTER ORDER FORM

- Orders must be placed by **February 2, 2018**, to allow for time for the processing of your request.
- Posters are distributed on a **first-come, first-serve basis** to PDA members only.
- Posters are free, but you will be charged a nominal shipping and handling fee for large orders.

**Please fill out this form and fax or email it back to:**

**Pennsylvania Dental Association, Attn: NCDHM Poster Order Fax: (717) 232-7169, Email:mmb@padental.org**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ ADA Number: \_\_\_\_\_

Attention (*if different from member's name*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Two-Sided Poster Quantity Requested: \_\_\_\_\_

### Credit Card Information

Credit Card Holder's Name: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Credit Card Expiration Date: \_\_\_\_\_

*Please check if you would like to be contacted by PDA with the total charge of your order prior to its shipment.*

### Additional Information

Date by which you need the materials: \_\_\_\_\_

Promotion Type:  Mall Event  School Visit  Other (*explain*) \_\_\_\_\_

Promotion Sponsor:  District/Local Society  Individual  Both  Other (*explain*) \_\_\_\_\_