



METRO DENVER DENTAL SOCIETY

# MAILING LABELS REQUEST FORM

Members are permitted one complimentary set of labels annually upon approval by the MDDS 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. MDDS **cannot** provide you with their email addresses. **You are required to submit a sample of the brochure, letter, etc. for request approval.**

Member Name _____		Member Signature _____	Date Requested _____
Address _____		City _____	Zip _____
(_____) _____	(_____) _____	E-Mail Address _____	
Telephone	Fax		

### Purpose of Mailing Labels\*

- To promote for a profit venture (fee applies\*\*)
- To promote a practice
- To promote an associateship
- Change of address/new office
- Other \_\_\_\_\_

### Sort Options:

- Alphabetic
- Zip Code
- Specialty

### Label Options:

- Printed Labels (Avery 5160)  
Delivery options:  Pick up from MDDS  Mail to address above
- Pre-formatted Label File (Microsoft Word file, Avery 5160)
- Microsoft Excel file
- Comma Separated Value (CSV) file

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

\*\*A fee of \$75.00 for members and \$280.00 for non-members applies for profit generating ventures.

### Membership Categories

- All Members, all zip codes
- All Active Members Only
- All Retired Members Only
- All Student Members Only
- Active Members < age 30
- Active Members ages 30 – 50
- Active Members over age 50
- Zip Codes (Please Specify):  
\_\_\_\_\_
- Specialists Only (Please Specify):  
\_\_\_\_\_

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

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

**Please allow one week for delivery following order placement.**

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