



National Children's Dental Health Month

Poster Order Form

- Orders must be placed by **January 31, 2016**, 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: bmb@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 American Express

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) _____