NATIONAL CHILDREN'S DENTAL HEALTH MONTH



POSTER ORDER FORM

• Orders must be placed by **February 2, 2018**, to allow for time for the processing of your request.

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

- 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:

First Name:	Last Nam	e:	
	State:	Zip Code:	
		Fax Number:	
Email Address:			
	Credit Card Inform	ation	
Credit Card Holder's Name:			
Credit Card Type: Visa M			
Credit Card Number:	er: Credit Card Expiration Date:		
☐ Please check if you would like	to be contacted by PDA with the	e total charge of your order prior to its shipment.	
	Additional Information	ation	
Date by which you need the mate	erials:		
Promotion Type: Mall Event	☐ School Visit ☐ Other (expl	ain)	
Promotion Sponsor: ☐ District/L	ocal Society	Both Other (explain)	



NATIONAL CHILDRENS DENTAL HEALTH MONTH



ORDER FREE POSTERS FOR DISPLAY IN YOUR CLASSROOM!

- Orders must be placed by February 5, 2018.
- Three posters will be sent to each school that places a request. Sorry, we cannot send larger amounts.
- Posters are distributed on a first-come, first-serve basis.

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

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

Your Name:	
School Name:	
Occupation: Teacher Hygienist Nurse Other: School Mailing Address:	
City:	
Zip Code:	
Phone Number:	
Email Address:	
Comments:	

