

# Dental Trade Alliance DTA Dental Laboratory Report Order Form

Check one box

- Full Report plus Executive Summary (CD ROM)      \$1,749  
(Complete data with graphs & lab owner responses to identify important trends.)
- Full Report (Executive Summary not included)      \$999  
(Rating all survey responses from lab owners & evaluating lab materials.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Select Report Format:**

cd rom    Electronic File (Email address) \_\_\_\_\_

Check enclosed **or** Credit Card Payment    VISA    Master Card    AMEX

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_  
(Please Print)

Authorized Signature \_\_\_\_\_

**Please fax or mail order form to:**

DTA  
2300 Clarendon Blvd., Suite 1003, Arlington, VA 22201  
Phone: 703.379.7755; Fax: 703.931.9429  
[www.dentaltradealliance.org](http://www.dentaltradealliance.org)