



Dental Trade Alliance

Dental Procedures Insurance Report Order Form

Check one box:

Full Report plus Executive Summary (CD ROM) \$1,595

Full Report (Executive Summary not included) \$1,195

Name _____ Title _____

Company Name _____

Billing Address _____

City _____ State _____ Postal Code _____

Telephone _____ Fax _____

Email _____

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
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