



Market Data Report

Dental Procedure Trends Report



Name _____ Title _____

Company _____

Billing Address _____

City _____ State _____ Zip or Postal Code _____

Phone _____ Fax _____ E-mail _____

Check Enclosed \$ _____ OR

Credit Card Payment (Select one box)



Acct. Number _____ Exp. _____

Print Name on Card _____

Authorized Signature _____

Mail or fax Order form to:

Dental Trade Alliance

2300 Clarendon Blvd., Suite 1003 | Arlington, VA 22201

703 379-7755 | Fax 703 931-9429

www.dentaltradealliance.org