



LARGE EQUIPMENT SALES REPORT

ORDER FORM

DTA Members Only
(Executive Summary FREE with Full Report)
 Full Year (2007) or 2nd Quarter (2007)

- DTA Equipment Sales Full Report** (FULL YEAR 2007) = **\$11,125**
or
 DTA Equipment Sales Full Report (Individual Quarter 2007) = **\$3,385**
 Jan.— March 2007 **April — June 2007** July — Sept. 2007 Oct.— Dec. 2007
or
 Individual Categories (for purchase by quarter or by year) = **\$1,240 / \$4,115**
(quarter) (year)

Categories:

- | | |
|--|--|
| <input type="checkbox"/> Air Abrasion Units | <input type="checkbox"/> Film Processors |
| <input type="checkbox"/> Air Compressors | <input type="checkbox"/> Intraoral Cameras |
| <input type="checkbox"/> Cabinetry | <input type="checkbox"/> Intraoral X-Ray Units |
| <input type="checkbox"/> CUSPIDORS (NEW!) | <input type="checkbox"/> Lasers |
| <input type="checkbox"/> Dental Chairs | <input type="checkbox"/> Nitrous Oxide Systems |
| <input type="checkbox"/> Dental Units | <input type="checkbox"/> Operatory Lights |
| <input type="checkbox"/> Diagnostic Systems | <input type="checkbox"/> Stools |
| <input type="checkbox"/> Digital Radiography | <input type="checkbox"/> Vacuums |
| <input type="checkbox"/> Extraoral X-Ray Units | |

Select Equipment Report Option:

- Hard Copy** **CD-ROM** **Electronic File (e-mail address)** _____

Company Name _____

Company Contact _____

Billing Address _____

City _____ State _____ Zip/Postal Code _____

Telephone _____ Fax _____

Method of Payment **Check** **OR**   

Credit Card Number _____ Exp. _____

Card Holder Name
 (PLEASE PRINT) _____

Signature (Required) _____