



SERVING DENTAL PRACTITIONERS ACROSS OUR COUNTY  
 240 A Twin Dolphin Drive · Redwood City · CA · 94065  
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Please submit a sample of your mailing to *info@smcnds.com* or fax to 650.637.1166 along with payment and a signed copy of this Agreement.

**LICENSEE:**

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

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 City ST Zip

\_\_\_\_\_  
 Phone / Fax

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**SPECIFIED MAILING LIST**

- Active Members
- San Mateo County Non-Members
- Event Attendees Date/Time \_\_\_\_\_

**RENTAL RATE PER YOUR STATUS:**

	Electronic	Pre-Printed
<input type="checkbox"/> SMCDS Member .....	\$45.....	\$65
<input type="checkbox"/> CDA / ADA Member Non-SMCDS Member .....	\$65.....	\$85
<input type="checkbox"/> SMCDS Business Membership .....	\$100.....	\$120
<input type="checkbox"/> SMCDS Study Club Promo Program .....	\$100.....	na
<input type="checkbox"/> Dental/Medical - Non-SMCDS/CDA/ADA Member..	\$200.....	\$220
<input type="checkbox"/> Non-Dental/Medical Field .....	\$500.....	\$520

**PAYMENT METHOD**

Check attached  MasterCard  Visa **Amt \$** \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

**AMOUNT DUE \$** \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_