**American Dental Association**
Survey Center Catalog Sales
211 East Chicago Avenue, Lower Level
Chicago, IL 60611-2678

**TEL (800) 947-4746**
**TEL (312) 440-8520**
**FAX (312) 440-3542**
**www.adacatalog.org**

## SURVEY CENTER PUBLICATIONS ORDER FORM

| Qty. | Item | Item Number | TOTAL* |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

| | |
|---|---|
| Subtotal | $ |
| IL Residents add 9% sales tax. DC residents add 5.75%. | $ |
| Shipping & Handling** (contact us for S&H fee) | $ |
| Rushed Delivery ☐ | $ if checked then add $20.00 |
| Rushed/Overnight Delivery-**phone orders only** ☐ | |
| **TOTAL** | $ |

**Price Level (check one):**

- ☐ Member rate
- ☐ Nonmember dentist rate
- ☐ Commercial rate
- ☐ Constituent dental society
- ☐ International customer

*Rate will be verified upon receipt of order.*

**ADA membership number:** _____

**Daytime telephone number:** _____ **Fax number:** _____

**Email address:** _____

**First Name**: _____ **Last Name:** _____

**Address:** _____

_____

**City:** _____ **State:** _____

**Postal Code:** _____ **Country (if not U.S.):** _____

**Payment method*:** ☐ **VISA** ☐ **MasterCard** ☐ **Check or money order**
(Please make check payable to the **American Dental Association**.)

**Signature:** _____ **Expiration Date:** _____ / _____

**Name on card:** _____

**Number:**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**For Office Use Only:**

Received: _____
Fulfilled: _____
Initials: _____
Bill Only: _____

* Orders prepaid using VISA or MasterCard will be filled immediately. Payment by check or money order is also accepted, but order will not be processed until receipt of payment.

** Shipping and handling, duty, tariff, and tax charges will be calculated according to the destination and added to the order. Contact us for exact charge.