



**OKLAHOMA DENTAL ASSOCIATION**  
**APRIL 26-29, 2007**  
**OKLAHOMA CITY, OK**



**CALL Today!**  
**(205) 581-0070 ext. 225**

**Take advantage of our printing specials and ELIMINATE shipping costs!**

Choose One:

	Quantity	Quantity	Quantity
	<b>1,500</b>	<b>5,000</b>	<b>10,000</b>
<b>4/0</b>	<b>\$425</b>	<b>\$795</b>	<b>\$995</b>
<b>4/1</b>	<b>\$495</b>	<b>\$895</b>	<b>\$1295</b>
<b>4/4</b>	<b>\$555</b>	<b>\$995</b>	<b>\$1595</b>

- (1,500)  
 \$425 Brochures 4/0  
 \$495 Brochures 4/1  
 \$555 Brochures 4/4  
 (5,000)  
 \$795 Brochures 4/0  
 \$895 Brochures 4/1  
 \$995 Brochures 4/4

- (10,000)  
 \$995 Brochures 4/0  
 \$1295 Brochures 4/1  
 \$1595 Brochures 4/4  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Printing Specifications: Minimum 14-day turn-around required. Less than 14-day turn around, rush charges apply. Shipping charges not included. Artwork must be received in digital ready-to-print format before MARCH 16, 2007 to be included in the Pre-Event Planner. (see submission guidelines) Payment for printing services required in advance.

Company \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

Payment Method (payment is required prior to printing)  
 Rate: \$ \_\_\_\_\_  
 Credit Card  Please Invoice (due upon receipt)  
 Circle One: VISA MASTERCARD AMEX DISCOVER  
 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Cardholder Name (print) \_\_\_\_\_  
 Card Billing Street Address \_\_\_\_\_  
 Card Billing City, State & Zip \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_