

Dental Assisting National Board, Inc.

DANB Materials Order Form



Measuring Dental Assisting Excellence™

The Dental Assisting National Board, Inc. (DANB) is pleased to support your efforts in promoting dental assisting excellence through national DANB Certification. Please indicate which materials you would like to receive below and fax this form to DANB Marketing Dept. at 312-642-1475 or mail to DANB, Attn: Marketing Dept., 444 N. Michigan Ave., Ste. 900, Chicago, IL 60611.

Note: All orders (except those ordering only the DANB Candidate Guides) carry a \$15 shipping fee in addition to the unit charges listed below.

Request For DANB Materials

Please Print Clearly

Contact Person _____ Title _____

Organization _____

Event (if applicable) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax Number _____

Email Address _____

DANB Candidate Guides

| Check which DANB Candidate Guide(s)* | Quantity | Total Charge |
|---|----------|--------------|
| <input type="checkbox"/> DANB Certified Dental Assistant (CDA) | _____ | \$ 0 |
| <input type="checkbox"/> DANB Certified Orthodontic Assistant (COA) | _____ | \$ 0 |

*DANB's CDA and COA Candidate Guides can be downloaded at www.danb.org

DANB Giveaways

| | Quantity | Unit Charge | | Total Charge |
|--|----------|--------------|-----------|--------------|
| DANB Pens | _____ | \$10 per 100 | (3426-06) | \$ _____ |
| DANB 6" plastic rulers | _____ | \$5 per 100 | (3426-07) | \$ _____ |
| DANB Tote Bags | _____ | \$2 each | (3426-08) | \$ _____ |
| DANB Certified Press Newsletters (specify issue) | _____ | \$0 | | \$ _____ |
| DANB 2010 Calendars | _____ | \$0 | | \$ _____ |
| Shipping Fee (required) | | \$15 | (3420-11) | \$ 15 |
| TOTAL Fee for DANB Giveaways | | | | \$ _____ |

Select payment option (for DANB Giveaways only)

Contact Person _____ Organization _____

Money Order payable to the Dental Assisting National Board, Inc. or DANB

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Authorization: Allows DANB to charge your credit card account. Please complete all information.

Credit Card Number: _____ Exp. Date: ____/____/____ Amount \$ _____

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges purchase of the aforementioned materials in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase. All fees for purchased materials are nonrefundable.