

Anniversary Recognition Gift Order Form



DANB offers current DANB Certificants the opportunity to buy anniversary recognition gifts for anniversaries of their DANB recertification that occurred before the beginning of the Recognition Program in January 2002. The DANB Certificant's Social Security number or Certification number must be provided in order for DANB to verify the credential. If you have any questions, please call 1-800-FOR-DANB, ext. 411. Fax this form to DANB 312-642-3550 or mail to DANB, Attn: Recognition Program, 444 N. Michigan Ave., Ste. 900, Chicago, IL 60611.

Certificant Information

Check Box Here

I hereby attest to and affirm the fact that I am either ordering this gift for myself or I am ordering the item(s) as a gift for an individual listed below. Only current DANB Certificants are authorized to receive DANB anniversary gifts. I understand that if the individual below does not qualify for a DANB anniversary gift, DANB will refund my payment in full.

Certificant SS# _____ - _____ - _____ OR Certification # _____

Certificant's Name (print or type) _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ E-Mail _____

Select Gift Items

Limit one of each item as appropriate for your anniversary date

	<input checked="" type="checkbox"/> HERE		COST	TOTAL \$
Pin Loop Accessory (Please circle year below) _____ (Available in anniversary years: 10, 15, 20, 25, 30, 35, 40, 45, or 50)	<input type="checkbox"/>	(3421)	\$10	\$ _____
15-year DANB Brief Bag _____	<input type="checkbox"/>	(3422)	\$12	\$ _____
25-year DANB Paperweight _____	<input type="checkbox"/>	(3423)	\$15	\$ _____
35-year DANB Executive Pen _____	<input type="checkbox"/>	(3424)	\$20	\$ _____
45-year DANB Watch _____	<input type="checkbox"/>	(3425)	\$50	\$ _____
DANB Certificant Lapel Pin _____	<input type="checkbox"/>	(3420-11)	\$5	\$ _____

Overnight Shipping

For overnight or international shipping, add \$20 shipping fee here. Overnight shipping orders must be received by DANB no later than 2 p.m. CST.

(3420-11) \$20 \$ _____

ORDER TOTAL \$ _____

Select Payment Option

Certificant's Name _____ Certification # _____

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

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ALL DANB MERCHANDISE FEES ON QUALIFIED ORDERS ARE NON-REFUNDABLE
Please allow 3-4 weeks for shipping in the U.S.

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

Credit Card Number _____ Expiration 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 DANB merchandise 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 DANB merchandise fees on qualified orders are non-refundable.