

Dental Assisting National Board, Inc. (DANB®)

DANB Application Packet and 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 the DANB Marketing Dept. at 312-642-1475 or mail to DANB, Attn: Marketing Dept., 444 N. Michigan Ave., Suite 900, Chicago, IL 60611.

Note: All orders (except those including only DANB application packets) 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) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

DANB Application Packets

Check which DANB application packets you would like to order\*

	Quantity	Total Charge
<input type="checkbox"/> DANB National Entry Level Dental Assistant (NELDA)	_____	\$ 0
<input type="checkbox"/> DANB Certified Dental Assistant (CDA)	_____	\$ 0
<input type="checkbox"/> DANB Certified Orthodontic Assistant (COA)	_____	\$ 0
<input type="checkbox"/> DANB Certified Preventive Functions Dental Assistant (CPFDA)	_____	\$ 0
<input type="checkbox"/> DANB Certified Restorative Functions Dental Assistant (CRFDA)	_____	\$ 0

\*DANB's NELDA, CDA, COA, CPFDA and CRFDA application packets 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 2016 Calendars	_____	\$0		\$ _____
DANB Poster	_____	\$0	(3426-09)	\$ _____
Shipping Fee (required)		\$15	(3420-11)	\$ 15

TOTAL Fee for DANB Giveaways \$ \_\_\_\_\_

Select payment option (for DANB Giveaways only)

Contact Person \_\_\_\_\_ Organization \_\_\_\_\_

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

Credit Card Authorization (Visa, Mastercard, Discover & American Express accepted): Amount: \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature X \_\_\_\_\_

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.