

# 2024 STAR OF THE SOUTH DENTAL MEETING

## Attendee Mailing List Order Form

Please use this order form to place your order for mailing labels of the registered attendees to the Star of the South Dental Meeting. If you wish to place more than one order, please duplicate this form. FULL PAYMENT must accompany each order. Make your check payable to Eleventh & Gather. Includes name, address, registration category, phone number, and emails (if provided). *These labels are intended for exclusive use by Star of the South Dental Meeting exhibitors and shall not be resold or reproduced in any manner.*

Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Check which you prefer:

- 2023 Post Show
- 2024 Pre Show

### Full Attendee Label Request Option

Full Attendee List – labels only..... \$ 400.00

-or-

### Individual Label Options (Check all applicable)

- Dentists .....\$ 300.00
- Hygienists .....\$ 150.00
- Chairside Assistants.....\$ 90.00
- Office Staff..... \$ 90.00
- Dental Lab Technicians.....\$ 50.00

**TOTAL** \_\_\_\_\_

### **YOU MUST COMPLETE THIS SECTION!**

Credit card orders ONLY may be faxed to (678) 341-3099:

- VISA     Mastercard     American Express

Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail completed order form  
and payment to:**

**Eleventh & Gather  
6840 Meadowridge Court  
Alpharetta, Georgia 30005**

**Phone: (800) 824-2389 Fax: 678-341-3099**