

2025 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: _____

2025 Pre Show

Full Attendee List Request Option

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

-or

Individual List 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

Card Number: _____ Exp. Date: _____

Signature: _____

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

**Eleventh & Gather
170 Depot Street Suite A
Blue Ridge, GA 30513**

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