



Greater St. Louis
DENTAL SOCIETY

Greater St. Louis Dental Society
11457 Olde Cabin Rd., Ste 300
St. Louis, MO 63141
314-569-0444/fax 314-569-0448
www.greaterstlouisdentalsociety.org

REQUEST FOR MEMBERSHIP LABELS/LIST

- All requests must accompany a sample of the material for which they are to be used.
- Please allow one week to process all requests, once approved.
- Can only be used on a one-time basis.
- Addresses for practicing dentists will be provided, no emails.
- To be used with the material approved by GSLDS.
- Cannot be distributed to another individual or organization.
- List provided in Excel format.

Purchaser: _____

Address: _____

Phone: _____ Email: _____

Fee \$ _____

The above named individual/organization agrees to the above rules/regulations regarding use of Greater St. Louis Dental Society membership labels/list _____(initial).

FEES:

Excel List \$300 (\$75 GSLDS Members)

Labels \$300 (\$75 GSLDS Members)

Check enclosed (*payable to GSLDS*) Visa MasterCard AMEX

Credit Card # _____ Exp. Date _____

Signature: _____ CVV Code: _____

Date: _____