Dermatology Nurses' Association

Post Annual Conference
All Attendee - Direct Mailing List
Order Form
27th Annual Convention 2009

Available April 3, 2009

METHOD OF RECEIVING DATA ☐ **Electronically (Excel Spreadsheet)**

LIST DESIRED ☐ Post-conference mailing list **Price: $400.00 each**

PERSON TO RECEIVE DATA

Contact Person _____

Company Name: _____

Address: _____

_____

Phone Number: _____ Fax Number: _____

Email Address: _____ Booth #: _____

PAYMENT INFORMATION **Method of payment:**

☐ Company Check (Make check payable to Dermatology Nurses' Association)

CREDIT CARD TYPE: ☐ American Express ☐ Visa ☐ MasterCard

CREDIT CARD NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

EXPIRATION DATE: ☐☐ / ☐☐ AMOUNT: $_____

NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

Rental List Terms: Use of this list is one-time ONLY - *controlled records are scattered within this list.*

_____ _____

Signature of Acceptance Date

Return completed form to Chris Brown, Exhibit Manager, or on site Conference Registration or mail to:

Dermatology Nurses' Association Attn: 2009 Exhibits Program
15000 Commerce Parkway Suite C
Mt. Laurel NJ 08054-2212

Thank you very much for exhibiting at DNA 2009.