



# Pre- & Post-Show Promotions



Exhibiting Company: \_\_\_\_\_ Booth #: \_\_\_\_\_

Check if information is for:  Exhibiting Company  Third Party 3rd Party Company (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Order Your Attendee List

Data Options	List Price	TOTAL
2019 Pre-registered attendees*	<input type="checkbox"/> \$ 350 for complete list -or- <input type="checkbox"/> \$ .15 per name for individual groupings <b>Note: \$150 minimum purchase</b>	\$
2019 Post-show attendee list*	<input type="checkbox"/> \$ 450 for complete list -or- <input type="checkbox"/> \$ .15 per name for individual groupings <b>Note: \$150 minimum purchase</b>	\$
Total		\$

\*All data will be delivered in .csv. Pre-con lists will include registrations up to 11/8. Post-show lists will be delivered after 12/12.

Data does not include: EU+ registrants, phone numbers, fax numbers or email addresses

### Select from the following subsets:

- DN ADA Member
- UN ADA Non Member
- IN International Non-ADA Affiliate Member
- RG Resident
- DS Student Non-ASDA Member
- RH Hygienist
- HS Hygienist Student
- CA Assistant Certified
- DA Assistant
- AS Assistant Student
- CT Technician Certified
- DT Technician
- TS Technician Student
- ST Administrative Staff
- MD/RN Non-Dental Doctor or Nurse

### Credit Card Payments Only

Acct Number: \_\_\_\_\_

Name on Card \_\_\_\_\_

Expire Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

Fax: 972-349-7715

Scan & Email: [leads@mcievents.com](mailto:leads@mcievents.com)

Online: <https://leads.mcisemi.com/GNYDM2019>