



# Attendee Mailing Labels Order Form

2018 Star of the North Meeting | April 26-28 | Saint Paul RiverCentre, MN

To purchase this list of pre-registered and/or post-show attendees for the 2018 Star of the North Meeting, please complete this form and return it to QMS Registration Services via fax at (678) 341-3099 or email to [qms@prereg.net](mailto:qms@prereg.net). The Star of the North Meeting cannot guarantee the number of attendees on the lists.

*These come in the form of a spread sheet and are for exclusive use by 2018 Star of the North Meeting exhibitors and shall not be resold or reproduced in any manner. Including email addresses will be requested from attendees however; they may choose to say no on their registration.*

## 1 Company and Contact Information

|                   |                      |                                    |                      |
|-------------------|----------------------|------------------------------------|----------------------|
| Company Name:     | <input type="text"/> |                                    |                      |
| Contact:          | <input type="text"/> |                                    |                      |
| Address:          | <input type="text"/> |                                    |                      |
| City, State, Zip: | <input type="text"/> | Phone number (enter as 9876543210) | <input type="text"/> |
| E-mail address:   | <input type="text"/> |                                    |                      |

## 2 Excel - Spreadsheet

|  |                         |                              |                      |
|--|-------------------------|------------------------------|----------------------|
| <input type="checkbox"/> Pre-registered attendee mailing list*<br>or<br><input type="checkbox"/> Post-show attendee mailing list | Full attendee list      | <input type="text"/> x\$450  | <input type="text"/> |
|  | Dentists only           | <input type="text"/> x \$300 | <input type="text"/> |
|  | Dentists and Hygienists | <input type="text"/> x \$400 | <input type="text"/> |
|  | Hygienists only         | <input type="text"/> x \$200 | <input type="text"/> |
|  | Dental Assistants only  | <input type="text"/> x \$100 | <input type="text"/> |

\*To send a list that has the most names on it, pre-reg lists will be sent in early April.

## 3 Payment Information

|                        |                      |
|------------------------|----------------------|
| Credit Card Number     | <input type="text"/> |
| Expiration Date        | <input type="text"/> |
| Payment Due            | <input type="text"/> |
| Cardholder Name        | <input type="text"/> |
| Cardholder's Signature | <input type="text"/> |

☐ Check enclosed made payable to "QMS Services, Inc."

Return completed order form and payment to:

QMS Services, Inc.  
6840 Meadowridge Court  
Alpharetta, GA 30005

Fax or email (credit card payment only)  
(678) 341-3099 or [qms@prereg.net](mailto:qms@prereg.net)