

Pre-Order Form for Car Decal

Order Form

(Photo copies are accepted)



Price x Quantity = Total \$

The "I heart Dentistry decal \$5.00 x _____ = _____

Shipping, per copy \$2.00 x _____ = _____

Total _____

Only cashier's checks or money orders will be accepted for payment.

Please pay to the order of TDAA or Texas Dental Assistants Association.

Shipping information (please print or type):

Name _____

Address _____

City, State, Zip _____

E-Mail Address _____

Daytime Phone _____

Please print and mail this form along with payment to:

TDAA

C/O Ronda V. Lane, CDA, RDA, BS,

1130 Indy Court

Irving, TX 75060



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