

CANADIAN SUBSCRIPTION

DATE: _____

NAME: _____ PHONE: _____

COMPANY: _____ FAX: _____

MAILING ADDRESS: _____ EMAIL: _____

STATE/PROVINCE/POSTAL CODE: _____

LMT SUBSCRIPTIONS are available in 2 options (pick one): __ 1 year (\$21.50 U.S.) __ 2 years (\$37.50 U.S.)

Please indicate your payment method:

Check enclosed (U.S. funds only) Visa/MasterCard

◆ Account #:

◆ Name on Card:

◆ Expiration Date:

◆ Billing Address:

◆ Total Charge:

◆ Signature:

CIRCLE ONE FOR EACH HEADING

COMPANY:	TITLE:	LAB TYPE:	EMPLOYEES:
(1) Dental Laboratory	(1) Owner	(1) Full Service	(1) 1
(2) Dental Office Lab	(2) Manager	(2) Crown & Bridge	(2) 2
(3) Dental Office	(3) Dept/Head Tech	(3) All Ceramic	(3) 3-5
(4) Lab/Dental School	(4) Technician	(4) Milling Center	(4) 6-11
(5) Dental Dealer/ Supplier	(5) Denturist	(5) Implant	(5) 12-15
(6) Manufacturer/ Ad Agency	(6) Instructor	(6) Dentures	(6) 16-20
(7) Other	(7) Dentist	(7) Partial Dentures	(7) 21-50
	(8) Student	(8) Orthodontic	(8) Over 50
	(9) Manufacturer/ Supplier Sales Rep	(9) Other	
	(10) Other		

SALES VOLUME:

(1) Under \$250,000 (2) \$250,000-\$500,000 (3) \$500,000-\$750,000 (4) \$750,000 - \$1 Million
 (5) \$1 Million - \$2 Million (6) \$2 Million - \$5 Million (7) Over \$5 Million