

LMT MAGAZINE REQUEST

DATE: _____

NAME: _____

LAB NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

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

LMT[®]

LAB MANAGEMENT TODAY

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