



REQUEST FOR PROCEEDINGS

PO Box 803
Fayetteville, Tennessee 37334
Phone: 800/332-AVDS (2837)
Fax: 931-433-6289

CONTACT INFORMATION *(proceedings will be mailed to the address listed below)*

First Name: _____ Last Name: _____

Clinic Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

PROCEEDINGS

- 18th Annual Veterinary Dental Forum (held in Fort Worth, Texas) - 2004 (CD)
 19th Annual Veterinary Dental Forum (held in Orlando, Florida) - 2005 (Book CD)
 20th Annual Veterinary Dental Forum (held in Portland, Oregon) - 2006 (Book CD)

METHOD OF PAYMENT *(payment must be included for orders to be processed)*

Proceedings are \$45 each plus \$5 for shipping & handling per book/CD and may be ordered in any quantity.

_____ copies @ \$45 each + \$5 shipping/handling for each book/CD = \$ _____

Check enclosed

Credit Card: Visa Mastercard American Express

Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____

Please return form to:
AVDS
PO Box 803
Fayetteville, TN 37334
Fax: 931-433-6289

Questions: Call 800/332-2837