

# HISTORY OF THE SOUTH CAROLINA DENTAL ASSOCIATION

## *ORDER FORM*

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

<u>Costs</u>	<u>Quantity</u>	<u>Total</u>	<u>Postage</u>	<u>Grand Total</u>
<b>\$25.00</b>	x _____	= \$ _____	<b>\$5.40</b>	\$ _____

### **Method of Payment:**

Check      Check #: \_\_\_\_\_

Visa/MasterCard/Discover Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that this is not an electronic order form. Please print this form and return it by mail with checks made payable to the address below.**

**South Carolina Dental Association  
120 Stonemark Lane  
Columbia, SC 29210**