



# Dental Assisting National Board (DANB®) Mailing List Rental Order Form

DANB offers third parties (e.g., potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation) the ability to rent a **one-time-use mailing list** to promote continuing education or employment opportunities to assist DANB certificants and certificate of knowledge-based competence holders. **DANB does not provide email addresses or telephone numbers.**

## How to Order

Please submit the completed form along with a copy of your mailing piece **via email to communications@danb.org** or **fax to 312-642-1475.**

## Next Steps

Upon receiving the mailing list quote request, DANB will generate a price quote and payment information form within two business days. Mailing lists are typically sent within five business days of the original request. **You must provide a sample of the mailing piece to receive the list.**

*Please print clearly.*

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Purpose of Mailing \_\_\_\_\_ Anticipated Mailing Date \_\_\_\_\_

## DANB Mailing List Selection

Please indicate below the list you would like to purchase.

### Choose from the options below:

- |                                |                              |                              |                                |                                |                                |                                |
|--------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> NELDA | <input type="checkbox"/> CDA | <input type="checkbox"/> COA | <input type="checkbox"/> CPFDA | <input type="checkbox"/> CRFDA | <input type="checkbox"/> CDPMA | <input type="checkbox"/> COMSA |
| <input type="checkbox"/> ICE   | <input type="checkbox"/> RHS | <input type="checkbox"/> CP  | <input type="checkbox"/> SE    | <input type="checkbox"/> TA    | <input type="checkbox"/> TF    | <input type="checkbox"/> AMP   |
| <input type="checkbox"/> IM    | <input type="checkbox"/> TMP | <input type="checkbox"/> IS  |                                |                                |                                |                                |

### Choose from the demographic selections below:

- National
- State-specific selection requested (provide full name of state or states): \_\_\_\_\_

## Mailing List Rental Fees

There will be a minimum list rental fee of \$100. An additional \$0.10 per name will be assessed after the first 1,000 names. There is no charge for dentists in a solo or small practice (fewer than 10 employees). DANB will provide the rate based on database quantity.

Mailing lists will be provided in an Excel file via email.