



PO Box 97  
Arcola, IN 46704  
www.ikdds.org  
260.459.9441

## 2019-2020 Directory Order Form

(1 Complimentary Directory Per Member Dentist)

Today's date

Delivery Type

Pick-up (October 23<sup>rd</sup>)     Mail

Name

Address

Phone Number

E-mail Address

Number of Extra Directories (\$20 for each extra copy)

Qty \_\_\_ (x \$20)

Subtotal \$ \_\_\_\_\_

**FREE Pickup on October 23<sup>rd</sup> at Welcome Event**

**or**

**Mailing Cost Per Directory (\$3.00)**

\$ \_\_\_\_\_

**TOTAL DUE**

\$ \_\_\_\_\_

*Write checks to Isaac Knapp District Dental Society*

Complete order form and mail with payment to:

IKDDS  
PO Box 97  
Arcola, IN 46704

Contact Jamee Lock for questions or  
email order form if you prefer an invoice.

E-mail: [jllock@ikdds.org](mailto:jllock@ikdds.org)