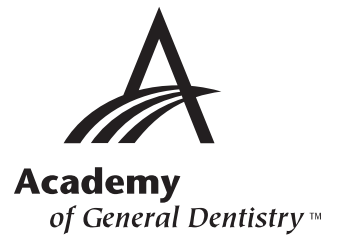


Coupon Book

The AGD2009baltimore Coupon Book is a low-cost opportunity to reach the 2009 AGD Annual Meeting & Exhibits attendees.



INCREASE YOUR SALES

Use the AGD2009baltimore Coupon Book to highlight and promote your specials, new products, merchandise, and discounts to lead dental professionals to your booth and visitors to your store. The coupon book will be created with two sections - one for exhibitors and one for local retailers.

The AGD2009baltimore Coupon Book will be placed in all attendee tote bags.

Expected distribution: 3,000 dental professionals

Cost: \$299 per coupon

To participate, send a completed order form and your black and white, camera-ready art on a disk with your logo in a high-resolution .tif or .eps format. The AGD will accept complete files and will not be responsible for compiling artwork or creating the coupon ad. The AGD is not responsible for the artwork errors or mis-spelling.



**YOUR
ADVERTISEMENT
HERE**

DIMENSIONS: 4.75 x 3

ATTENDEE DISCOUNTS

Send order form, payment and artwork to:

Marge Palonis

Exhibits Coordinator

Academy of General Dentistry

211 East Chicago Avenue, Suite 900

Chicago, IL 60611

Phone 312.440.4358

Fax 312.440.0513

E-mail margery.palonis@agd.org

DEADLINE: JUNE 5, 2009

Company _____
Contact Name _____ Title _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Terms

Those who wish to participate in the Coupon Book program must complete, sign and submit this order form—accompanied with your artwork and payment of \$299 per coupon ordered. Orders, artwork and payment must be received by the AGD no later than June 5, 2009. All copy submitted for inclusion in the AGD2009baltimore Coupon Book is subject to review by the AGD. The AGD may decline any coupon from inclusion for any reason, including but not limited to: 1) the coupon is not suitable to or in keeping with the character of the AGD; 2) the coupon contains comparative claims; 3) the coupon is considered offensive in text or artwork. (AGD reserves the right to cancel this program at any time before the deadline of June 5, 2009. All submissions will be notified and fully refunded, if necessary.)

Credit Card: ___ VISA ___ MasterCard
___ American Express ___ Discover

I authorize you to charge my account for this amount: \$ _____

Credit Card # _____

Exp. Date _____

Cardholder Name _____

Check Enclosed ___

Signature _____ Date _____

Send your completed form, payment
(check or credit card) and artwork to:
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