



# American Society of Master Dental Prosthologists, Inc.

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## APPLICATION for Annual LAB Listing on ASMDT website for: 2008

**You must have 2008 Membership in ASMDT to list your Lab.**

Please PRINT Clearly:

Enclose a \$50 check payable to: **American Society of Master Dental Prosthologists, Inc.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Your Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Home Phone w/area code \_\_\_\_\_ Home Fax w/area code \_\_\_\_\_

Cell Phone w/area code \_\_\_\_\_ email address \_\_\_\_\_

Pager w/area code \_\_\_\_\_ Beeper/Car w/area code \_\_\_\_\_

Print how you would like your Laboratory listed on the ASMDT website:

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Work Phone w/area code \_\_\_\_\_ Work Fax w/area code \_\_\_\_\_

Website: \_\_\_\_\_ Do you own this business? \_\_\_\_\_

Specialties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List additional information on reverse side.