

<p align="center"><b>FDHA Logo Goes Here</b></p> <p align="center">Your Name + RDH, BS, MS, etc.  Title you want us to use for you  e.g. Life Member, President, Name of component society, state office, or Member since 19?? <b>ETC</b></p> <p>Address line 1            Phone No.  Address line 2            Fax No.  email address            Personal web address  FDHA web address</p>	<p align="center"><b>FDHA BUSINESS CARD</b></p> <p align="center"><b>ORDER FORM</b></p> <p align="center"><b>A – With address</b></p>
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**Circle the correct amount.**

- 34.50 / 250 cards**
- \$61.00 / 500 cards**
- \$112.75 / 1000 cards**

**SHIPPING ADDRESS** (Does not appear on card)

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IN THIS SECTION, PLEASE FILL OUT EXACTLY WHAT YOU WANT ON YOUR BUSINESS CARDS.

**Name + RDH, & other if wanted:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Street or PO Address (line 1):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Fax:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Cell:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Pager:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Other comments:** \_\_\_\_\_

**Fax Proofs to:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Your FAX number for proofing your cards is required!**

Make checks payable to **FDHA** & send to Beth Chrosniak, 12225 Coldstream, Tampa, 33629 FAX your order & a copy of your check to Carroll Cameron (305) 232-2015. Call first so she can turn on the FAX

Alternatively, scan your check & email your order to [cameronc@bellsouth.net](mailto:cameronc@bellsouth.net). **PROOF ASAP!!!! NO ONE GETS THEIR CARDS UNTIL EVERYONE HAS FINISHED PROOFING.**