



Idaho State Board of Dentistry

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Web www.isbd.idaho.gov ♦ Email sbdinfo@isbd.idaho.gov

LIST PURCHASE ORDER FORM

CHECKLIST

	<p align="center">Completed Order Form and Purchase of List Agreement Mail To: ISBD, PO Box 83720, Boise, ID 83720-0021 Express Mail: 350 N 9TH Street, Suite M100, Boise, ID 83702</p>
	<p align="center">Payment The cost for a list is \$20. Make checks payable to the Idaho Board of Dentistry. Payment must be received prior to release of a list.</p>

LIST TYPES

<p align="center"><u>STANDARD MAILING LIST</u></p> <ul style="list-style-type: none"> • FULL NAME • ADDRESS • CITY • STATE • ZIP CODE 	<p align="center"><u>STANDARD DATA LIST</u></p> <ul style="list-style-type: none"> • FULL NAME • ADDRESS • CITY • STATE • ZIP CODE • LICENSE NUMBER • DATE OF ISSUE • EXPIRATION DATE • LICENSE STATUS • LICENSE TYPE
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Please note email addresses are not a public record.

ORDER FORM

TYPE OF MEDIA:

- Electronic File via Email
- CD-ROM

TYPE OF LIST:

- Standard Mailing List
- Standard Data List

TYPE AND STATUS OF LICENSE (MARK ALL THAT APPLY):

- Dentists – Active
- Dentists – Inactive
- Dentists – Volunteer
- Dentists – Special Status or Provisional
- Dentists – Retired
- Dental Hygienist – Active
- Dental Hygienist – Inactive
- Dental Hygienist – Volunteer
- Dental Hygienist – Special Status or Provisional
- Dental Hygienist – Retired

GEOGRAPHIC AREA:

- All Licensees (In and Out of State)
- In-State Licensees Only
- Specific Idaho Counties or Zip Codes (Please Specify):

SORTING SEQUENCE:

- Alphabetical by Last Name
- Zip Code
- Other (Please Specify):

FILE TYPE:

- Microsoft Excel Spreadsheet
- Text File

PURCHASE OF LIST AGREEMENT

By signing this form, I verify having full knowledge and understanding that materials/publications to be disseminated using a list of names and addresses of licensed dentists and/or dental hygienists shall not be published in any manner which could be construed to the public to mean that the Idaho State Board of Dentistry or any of its employees supports, endorses, or approves the materials/publications to be disseminated.

I acknowledge that I am placing an actual order for a list of Idaho dentists and/or dental hygienists for which I shall be responsible to assure payment is made.

Name (Please Print): _____

Firm Name: _____

Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____