UNIVERSITY OF MICHIGAN
SCHOOL OF DENTISTRY
RESEARCH/TABLE CLINIC DAY
FEBRUARY 5, 2002
MICHIGAN LEAGUE

Donor Name_____

Address_____

City/State/Zip_____

Telephone Number_____

Exhibitor's Name_____

Address_____

City/State/Zip_____

Telephone Number_____

All exhibitors, advertisers, and gift donors will be listed in *Proceedings*.

1. Display Table options include four-, eight, or twelve-foot tables. All tables will be draped and adjacent to the poster/table clinic area. Set up will be from 11:30 a.m. until 12:30 p.m. The Exhibitors' Forum will be from 12:30 p.m. until 3:30 p.m. If you are interested in a display table, please indicate your choice by writing the gift amount associated with your choice in the blank following your selection:

Four-Foot Display Table	$ 400	$_____
Eight-Foot Display Table	$ 750	$_____
Twelve-Foot Display Table	$1,000	$_____
Power Supply Needed	_____Yes _____No	

And/Or

2. If you are interested in advertising in the *Research/Table Clinic Proceedings*, please indicate your advertising size preference by writing the gift amount associated with your choice in the blank following your selection:

One-Line	$ 100	$_____
Quarter Page	$ 250	$_____
Half Page	$ 500	$_____
Full Page	$ 750	$_____

And/Or

3. Other ways to support ASDA's activities are through gifts. All gifts to the University of Michigan are tax deductible as provided by law.

Gift in support of Research/Table Cinic Day. $_____

Raffle Prize(s) Optional_____

Please supply your camera ready advertisement to Ms. Patricia Schultz at the address below no later than January 11, 2002. Ms. Schultz can be reached at (734) 764-4726.

Please remit this form and one check (for the total amount of categories one, two and three above) payable to the University of Michigan by December 31, 2001 to:

The University of Michigan
School of Dentistry Development Office
1011 North University Avenue
Ann Arbor, MI 48109-9990