



PO Box 413
2700 S. Memorial Parkway
Huntsville, AL 35804
256-533-6670

Payment for CE Event

Either a check or credit card payment is an acceptable form of payment for a CE Event.

If paying by check, write "CE Event" in the comment section along with the date of the event. Mail the payment to:

Oral Arts Dental Laboratories
PO Box 413
Huntsville, AL 35804

If paying by credit card, complete the information below in its entirety.

Please email or fax the completed form as directed below:

Email: accounts.receivable@oralartsdental.com using "CE Event" and the date of the event in the subject line.

Fax: 256-365-1285 to the attention of Accounts Payable.

Name:
Phone #:
Email Address:
Billing Address:
City, State, Zip:
Event Location:
Event Date:
Credit Card Number:
Expiration Date:

Signature _____

Date _____