

2008 Pediatric Dentistry Agent Rates

Agency Pricing (5% Discount Applied)

SUBSCRIPTION	AGENT RATES	REGULAR RATES
<input type="checkbox"/> Domestic institutional	\$190.00	\$200.00
<input type="checkbox"/> Foreign institutional	\$228.00	\$240.00
<input type="checkbox"/> Domestic individual	\$142.50	\$150.00
<input type="checkbox"/> Foreign individual	\$190.00	\$200.00
<input type="checkbox"/> Individual issues	\$40.00	\$40.00

Note: Foreign institutional rates include shipping outside USA

SHIPPING ADDRESS

Subscriber _____ * Institution _____

* Agent _____ * Phone _____

* Agent's Email _____

Address _____

City _____ State _____ Zip _____ Country _____

* Required Information

PUBLICATION INFORMATION

ISSN 0164-1263.

FREQUENCY: Bimonthly (January, March, May, July, September, November).

NO. ISSUES/YEAR: Seven (7) • **NO. VOLUMES/YEAR:** One (1) • **CURRENT VOL. NO:** Thirty (30).

INDEX PUBLISHED: As part of the December issue in each volume.

SUBSCRIPTIONS ACCEPTED: Calendar year only.

SUPPLEMENTS: Includes AAPD Reference Manual.

PAYMENT TERMS: Prepaid, U.S. currency only, drawn on a U.S. bank.

CANCELLATION: Not accepted.

ONLINE ACCESS: Not available.

CLAIMS: All claims must be filled within 30 days (US) or 60 days (Foreign) of issue date. For non-delivery please contact Bob Gillmeister via e-mail at rgillmeister@aapd.org

BACK VOLUMES (printed) – \$75.00 (US) and \$100.00 (Foreign) per volume; both prices include shipping. Sold in complete volume sets ONLY for the following years:

1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007

CREDIT CARD PAYMENT (Mastercard/Visa ONLY)

Card Number _____

Expiration Date _____

Signature _____

Or mail check/money order payable to the AAPD in U.S. funds, drawn on a U.S. bank to: Pediatric Dentistry
c/o AAPD Lockbox ~190 E. Delaware Place Chicago, IL 60611 ~ Phone (312)337-2169; Fax (312)337-6329