

# LMT SUBSCRIPTION FORM

Date:

STEP 1: ☐ New Subscription ☐ Change of Address ☐ Renewal

Subscriber Name: Title:

Lab Name:

Street Address:

City, State, Zip: Birth Month/Day: (no year)

Telephone #: Cell #: Fax #:

Is this your home or work address? ☐ Home ☐ Work ☐ Both

*Please make any changes/updates below*

Subscriber Name: Title:

Lab Name:

Street Address:

City, State, Zip:

STEP 2: Preferred E-mail Address:

**STEP 3: Please opt in and help us help you! Sure, we all get plenty of emails, but these will truly help you build a better business. Check what emails you would like to receive:**

LMT Surveys: ☐ Yes LMT Announcements: ☐ Yes Vendor E-mails: ☐ Yes

*LMT's exclusive survey reports help laboratory owners/managers keep their finger on the pulse of the market. Take LMT surveys and share your opinions: you'll get back more than you give!*

*You'll receive the LMT Insider, an easy-to-read monthly e-newsletter featuring innovative business strategies, the latest market trends, breaking headlines and more. This includes LabDay News!*

*Complete with special offers from manufacturers/suppliers, details on upcoming webinars and events (many with CE credits!), the latest company news and product announcements, and more.*

**STEP 4: Check one for each heading below:**

Title Type	Company Type	Type of Lab
0 <input type="checkbox"/> Mfr/Supplier Sales Rep	A <input type="checkbox"/> Dental Laboratory	A <input type="checkbox"/> All Ceramic
1 <input type="checkbox"/> Owner	B <input type="checkbox"/> Dental Office Lab	C <input type="checkbox"/> Crown & Bridge
2 <input type="checkbox"/> Manager	C <input type="checkbox"/> Dental Office	D <input type="checkbox"/> Complete Dentures/Removables
3 <input type="checkbox"/> Dept Head/Head Tech	H <input type="checkbox"/> Dental/Denture Clinic	F <input type="checkbox"/> Full Service
4 <input type="checkbox"/> Technician	D <input type="checkbox"/> Lab/Dental School	I <input type="checkbox"/> Implant
9 <input type="checkbox"/> Denturist	E <input type="checkbox"/> Dental Dealer/Supplier	M <input type="checkbox"/> Milling Center
5 <input type="checkbox"/> Instructor	F <input type="checkbox"/> Manufacturer/Ad Agency	P <input type="checkbox"/> Cast Partial Dentures
6 <input type="checkbox"/> Dentist	G <input type="checkbox"/> Other	R <input type="checkbox"/> Orthodontic
7 <input type="checkbox"/> Student		X <input type="checkbox"/> Other
8 <input type="checkbox"/> Other		

Number of Employees	Sales Volume	
A <input type="checkbox"/> 1	5 <input type="checkbox"/> Under \$250k	
B <input type="checkbox"/> 2	6 <input type="checkbox"/> \$250k-500k	
C <input type="checkbox"/> 3-5	7 <input type="checkbox"/> \$500k-750k	
D <input type="checkbox"/> 6-10	2 <input type="checkbox"/> \$750k-1M	
E <input type="checkbox"/> 11-15	3 <input type="checkbox"/> \$1M-2M	
F <input type="checkbox"/> 16-20	4 <input type="checkbox"/> \$2M-5M	
G <input type="checkbox"/> 31-50	1 <input type="checkbox"/> Over \$5M	
H <input type="checkbox"/> Over 50		

Additional Notes: