

Information Form for *Directory of Dental Practice Appraisers and Brokers*

*Required Fields

COMPANY NAME* _____

CONTACT NAME* _____

ADDRESS* _____

CITY* _____ **STATE*** _____ **ZIP *** _____

PROVINCE* _____ **CANADA** **POSTAL CODE *** _____

OFFICE PHONE* _____ **OFFICE FAX*** _____

E-MAIL ADDRESS* _____ **WEBSITE** _____

YEARS IN BUSINESS* _____

Do you provide references upon request?* Yes No

Do you provide a written valuation report?* Yes No

Do you provide on-site inspection?* Yes No

Do you charge for travel costs?* Yes No

Fixed-fee plus expenses?* Yes No

Percentage-based fee plus expenses?* Yes No

EDUCATION

Institution Attended*: _____

Year Graduated*: _____

PhD

DDS/DMD

MBA

BA/BS

JD

CPA

Other degree _____

Affiliations (enter up to five)

Certifications (enter up to five)

