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<table>
<thead>
<tr>
<th></th>
<th>Domestic</th>
<th>U.S. Possessions &amp; Mexico</th>
<th>International</th>
<th>Canada</th>
<th>Single Copies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Direct</td>
<td>Agency</td>
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<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$101</td>
<td>$101</td>
<td>$138</td>
<td>$120</td>
<td>$17</td>
</tr>
<tr>
<td>with Air Mail</td>
<td>N/A</td>
<td>$127</td>
<td>$243</td>
<td>$146</td>
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<td>Institution</td>
<td>$142</td>
<td>$134</td>
<td>$179</td>
<td>$161</td>
<td>$18</td>
</tr>
<tr>
<td>with Air Mail</td>
<td>N/A</td>
<td>$168</td>
<td>$284</td>
<td>$187</td>
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</tr>
</tbody>
</table>

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2 ☐ Senior
3 ☐ Other than a senior

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K ☐ Dental Supply Dealer

(Executives, Salespeople & other personnel)

E ☐ Dental School

Administrators or faculty members without D.D.S or D.M.D.

Auxiliary Schools (Director, Instructor or other personnel):

G ☐ Dental Hygienist school

H ☐ Dental Assistant school

J ☐ Laboratory Technician school

P ☐ Hospital

M ☐ Dental Lab (Owner, Manager or other personnel)

R ☐ Health Department

T ☐ Government agency

W ☐ Library

Z ☐ Dental Clinic

X ☐ Others (please specify)

questions B, C, and D for dentists and graduates only

B.) Year of graduation __________________

C.) Type of dental practice

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(Independent or group)

1 ☐ Graduate student

80 ☐ Full-time faculty member

2 ☐ Part-time faculty member

3 ☐ Military

4 ☐ Public health

5 ☐ Veterans Administration

6 ☐ Foreign

90 ☐ Retired Dentist

7 ☐ Other (please specify)

D.) What is your specialty? (Check only one.)

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20 ☐ Orthodontist

30 ☐ Pedodontist

40 ☐ Periodontist

50 ☐ Prosthodontist

60 ☐ Oral Pathology

70 ☐ Public Health