



Ph:1-867-988-0151 Fax:1-877-389-6876

www.nwtnudentalassociation.ca

PO BOX 4584

Hay River, NT X0E 1G3

2024 Fee Guide Order Form

We hereby request the purchase of the following **2024** Dental Fee Guide(s) as they become available (new rates to become effective **January 1, 2024**). Please list the total quantity and format(s) you require of each guide. Electronic format fee guides will be emailed, and print formats will be sent via Canada Post to the addresses completed below.

2024 Fee Guide Format(s)	Quantity (\$328.00 each)
NWT Excel	
NWT PDF	
NWT Print	
NU Excel	
NU PDF	
NU Print	
Total Quantity	

X \$328.00 = _____

Please forward fee guide(s) to:

Attention:	
Company:	
Email	
Phone:	Fax:
Mailing Address:	Postal Code:
City:	Province/Territory:

Please send completed order form along with payment in the form of a cheque made out to the 'NWT-NU Dental Association' to PO BOX 4584, Hay River, NT X0E 1G3. Fee Guides will be mailed upon receipt of cheque. If you have any questions regarding this form, please email jzdebiak@nwtnudentalassociation.ca.