



# DENTAL LAB PARTICIPATION FORM

## APA DENTAL PARTNERSHIP (APADP)

Through the APA Dental Partnership, local dentists and labs donate their time and skills to serve individuals with urgent dental needs who cannot afford the services. Those receiving help through the APA Dental Partnership also give of themselves by completing hours of volunteer community service.

**INSTRUCTIONS:** Please complete form and check **ALL** that apply. Fax to APADP at (907) 646-0542.

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_ I can provide \_\_\_ (number of) Acrylic Anterior Partials

\_\_\_ I can provide \_\_\_ (number of) Other \_\_\_\_\_

\_\_\_ I can provide \_\_\_ (number of) Other \_\_\_\_\_

\_\_\_ I chose not to participate at this time, but you may contact me later

\_\_\_ I am not interested in participating

\_\_\_\_\_  
Print Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date