

NIFDE

Award Order Form & Payment

(Additional Awards for NIFDE
Certified Providers)



Use this form to order additional awards for providers that have **already achieved NIFDE Certification**.

Be sure to clearly print the name of the provider using the exact spelling and indicate the number of NIFDE Awards requested. NIFDE Awards will be prepared exactly as indicated and will use the practice information as provided during NIFDE Certification.

Payment of the NIFDE Professional Fee may be made by Visa, MC, Amex, Discover, or may be paid by check made payable to NIFDE. If payment is made via credit card, completed forms and payment information may be sent via fax to the NIFDE Review Panel at 609-951-0030.

For all other instances, the completed NIFDE Application and payment should be mailed to: NIFDE Review Panel, 29 Emmons Drive, Suite A-30, Princeton, New Jersey 08540.

Primary Practice

Practice _____ NIFDE # _____

* List the name of the practice for which NIFDE Certification has been obtained.

Award Information

Provider Name _____ # of Awards _____

Provider Name _____ # of Awards _____

Provider Name _____ # of Awards _____

Provider Name _____ # of Awards _____

* All awards will be shipped to the primary practice address.

Professional Fee

Awards	\$60.00	x	_____	=	_____
Award Shipping & Handling	\$19.00	x	_____	=	_____
			Total	=	_____

Payment Information

Check Enclosed Visa Master Card American Express Discover

Number _____ CVV2 Code _____ Expiration Date _____

Card Holder _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____

By signing below, I acknowledge that I have read and hereby agree to the Terms and Conditions of NIFDE membership.

Primary Dentist Signature

Date

