



International College of Dentists

U.S.A. SECTION

51 Monroe St., Suite 1400, Rockville, MD 20850-2412

ICD Convocation Robe Order Form

Height _____	Robe Preference: <input type="checkbox"/> Newer <input type="checkbox"/> Older
Hat Size _____ (Hats – free while supply lasts, limited number available.)	Price per robe: \$100 Quantity: _____ Sub-total: _____
	Shipping: \$15 per robe Total Shipping: _____
	Total: _____

Check # _____ made payable to ICD-USA **OR**

Visa MasterCard _____ - _____ - _____ Exp. Date _____

Print Name _____ Signature _____

Mailing address _____ City _____ State _____ Zip _____

(If cc payment, please add billing address _____)