

AUCTION ITEM DESCRIPTION FORM

ADHA Institute for Oral Health Benefit Reception

Friday, June 15, 2012
Hyatt Regency Phoenix – Phoenix, AZ

The ADHA Institute for Oral Health will be holding its Annual Auction during Annual Session in Phoenix, AZ. To ensure that your donation is appropriately acknowledged, please complete this form. The description and donor information below will be listed on the ADHA Institute website, auction preview page, and in the official Auction Program book. Descriptions not provided by the donor or liaison by the deadline will be listed at the discretion of ADHA Institute staff. Please return this form **no later than May 18, 2012**.

ITEM NAME: _____
(preferably 5 words or less)

ITEM DESCRIPTION (preferred description length – 35 words):

RETAIL VALUE: \$ _____ (required)

BIDDING PRICE: Bidding typically begins lower than the retail value of the item to encourage bidders. However, if you would like to determine the bidding level of your auction item, please indicate that price below. If you do not select a bidding price, the auctioneer will use his discretion. (*please check one*):

_____ I would like the bid for this item to begin at \$ _____.

_____ ADHA Institute for Oral Health may determine the beginning bid amount for this item.

ACKNOWLEDGEMENT OF DONATION SENT TO:

DONATED BY:

LIAISON NAME:

The information provided above for the auction item description and donor information is correct and accurate.

Signature: _____ Date: _____

RETURN THIS FORM WITH YOUR AUCTION ITEM NO LATER THAN May 18, 2012 TO:
ADHA Institute for Oral Health, 444 N. Michigan Avenue, Suite 3400, Chicago, IL 60611