

# Conditions for Use

## Purpose

The MDA has compiled a number of visual aides for use by MDA member dentists and their staff in making oral health education presentations to classroom and community groups. Teachers and health professionals may also request to use these materials.

## Terms

- There is no charge for this service, however, the borrower is responsible for any shipping cost to return the materials, as well as the cost to repair or replace damaged or lost items.
- Items are available on a first-come, first-served basis.
- Items are only available for short-term use. Items must be returned by the due date assigned or a late fee of \$10 per week will be charged. If the item is not returned within 1 month after the due date, you will be billed the cost to replace the item.
- Dentist must be MDA members to use these materials. Dental staff must be employed by an MDA member dentist.
- The MDA must receive your request 2 weeks prior to your presentation date to ensure availability and date of delivery. If your request is made with short notice and the item (s) must be overnighted, you must agree to pay this expense and provide a credit card at the time of the request.
- Please package items well and consider insuring them. If items are returned damaged, you may be charged for the cost to repair or replace damaged items.
- These items are not available for sale from the MDA. Many can be purchased through the American Dental Association or other sources.

## Dental Health Visual Aide Library Request Form

**Requested Items:**

**Item #1:**

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**Item #2:**

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**Item #3:**

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**Item #4:**

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**Date of Presentation**

**(Your items will be sent via UPS 2-3 days prior to your presentation.)**

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**Name (If you are dental staff please also list name of employing dentist)**

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**Address**

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**City**

**Michigan**

**Zip Code**

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**Phone**

- I agree to return these items to the MDA by the due date indicated or pay any fees as outlined in the terms.
- I agree to return these items to the MDA in the same condition in which they were received or pay any fees as outlined in the terms.
- I understand I am responsible for any costs for shipping these items back to the MDA.

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**Signature**

Please return to the MDA via mail or fax:

Michigan Dental Association

April Stopczynski

3657 Okemos Rd.

Okemos, MI 48864

Fax: 517/372-0008