

IFLOSS Coalition: Communities Working Together to Improve Oral Health in Illinois

Toothbrush Consortium Order Form

Agency Name: _____

Shipping Address: _____

Billing Address: (if different from shipping) _____

Phone: _____ Fax: _____ E-Mail: _____

Toothbrushes

Preschool Signature Brushes \$0.27 per brush
\$39.44 per gross X _____ gross = \$ _____

Junior Signature Toothbrushes \$0.27 per brush
\$39.44 per gross X _____ gross = \$ _____

Pre-Adult size Concept Curve Toothbrushes \$0.33 per brush
\$47.52 per gross X _____ gross

recommended for ages 9-12

Adult Signature Toothbrushes \$0.34 per brush
\$49.52 per gross X _____ gross = \$ _____

Infant-Toddler Safety Brush 24 brushes in each box
\$34.60 per box X # _____ boxes = \$ _____
(tear drop shaped handle)

Floss

Waxed Floss 10 meter containers \$0.30 each
\$30 per box of 100 \$ _____

Toothpaste

Crest toothpaste-1 case is 72 sample size containers
\$23.00 per case

Crest Whitening w/scope _____ case(s) \$ _____
Crest Regular paste _____ case(s) \$ _____
Crest Sparkle (kids) _____ case(s) \$ _____

Non Member Processing Fee: \$20.00

OR

IFLOSS Dues paying Member Processing Fee: \$10.00

Total Fee Payable to: IFLOSS Coalition \$ _____

Contact person: _____

Membership may be verified by checking our website at www.ifloss.org. Dues are paid on an annual basis

Please send order to
IFLOSS Coalition or Fax to 217-789-2203
1415 E. Jefferson
Springfield, IL 62703
info@ifloss.org