

Dentrix Connected Application

DENTRIX °G5
CONNECTED

Company Informati	ion			
Company Name			Company Email (Eg. name@email.com)	
Address			Company Phone (Eg. 000-000-0000)	
Address 2			Support Email (Eg. support@email.com)	
City	State	Zip Code	Support Phone (Eg. 000-000-0000)	
Company Web Address (Eg. www.companyname.com)			Company Fax (Eg. 000-000-0000)	
Company Information (Eg. Information about your company we should know)				
Company Contact I	Person		Email (Ea nama@amail aam)	
Name			Email (Eg. name@email.com)	
Last Name			Phone (Eg. 000-000-0000)	
Product Informatio	n			
Product Name (Eight wo	ords maximum)		Product Version (Eg. 1.0.0.0)	
Product Summary (Ten v	words maximum)			
Product Description (Seventy five words maximum)				



Dentrix Connected Application (p2 of 2)

Product Information (Continued)	
Product Features (5 Bulleted lines maximum)	Product Benefits (5 Bulleted lines maximum)
Product Keywords (For Search. Please separate with ";")	Product Contract Number (Eg. SKU or product Identity No.)
Product Web Site (Eg. web link to your product)	Product Category (Select the best category for your product)
Images (Please attach the following images to your email):	
■ Company Logo (135 x 135px jpg file)	■ Product Logo (135 x 135px jpg file)
■ Product Screenshot (262 x 262px jpg file)	■ Product Screenshot (135 x 135px jpg file)
■ Product Screenshot (50 x 50px jpg file)	■ Box Shot (262 x 262px jpg file)
■ Box Shot (135 x 135px jpg file)	■ Box Shot (50 x 50px jpg file)
What Level of Connected do you wish to partici	ipate in?
A	
В	
A and B	
Submit	
Save	
Reset	