



### NAPNAP MAILING LIST ORDER FORM

Are you an agency purchasing on behalf of the sender? \_\_\_ Yes \_\_\_ No

Sender Company/Org?: \_\_\_\_\_

Order Contact Name: \_\_\_\_\_

Order Company/Org.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose of Mailing: \_\_\_\_\_

Anticipated Mailing Date: \_\_\_\_\_

\_\_\_\_\_ All members who allow mail communications, approx. 8,300

\_\_\_\_\_ Segmented (first free, additional categories \$50/each)

State(s): \_\_\_\_\_

Special interest group(s): \_\_\_\_\_

Primary practice setting: \_\_\_\_\_

Other demographic: \_\_\_\_\_

- Please complete this form and return to [marketing@napnap.org](mailto:marketing@napnap.org) along with a copy of the material to be mailed for NAPNAP approval.
- Based on your query selection(s), we will send an invoice for payment and Mailing List License Agreement.
- Please return the payment with signed Mailing List License Agreement.
- NAPNAP will provide the requested data and counter signed Mailing List Agreement within 7-10 business days upon receipt of payment and agreement.