

MAILING LIST ORDER FORM

Orders will not be processed without a signed license agreement and sample mailing piece.

To ensure that we process your order accurately, please print or type the requested information below.

Today's Date _____ Date Required _____

Contact name for order questions

Telephone (include area code)

Payment options:

- Check enclosed payable to Medical Library Association.
 Bill me; my purchase order number is _____

CREDIT CARD

- MasterCard Visa American Express Discover

Card holder's name _____

Card number _____

Expiration date _____

Shipping address: (must include street address, no P.O. Box)

Name

Company

Address

City, State/Province, Zip/Postal code

Telephone (include area code)

Email Address (required for email delivery)

Billing address, if different from shipping address:

Name

Company

Address

City, State/Province, Zip/Postal code

Telephone (include area code)

Email Address

CODE #	MAILING LIST DESCRIPTION	PRICE*
For multiple section list orders, please indicate preference:		
<input type="checkbox"/> Separate files <input type="checkbox"/> Files merged and purged of duplicate names		
Data output (check one)	<input type="checkbox"/> Excel file attached to email (\$100) <input type="checkbox"/> Excel file saved to PC-formatted, 3.5-in. disk (\$100) <input type="checkbox"/> 4-up self-adhesive (\$200) FREE SHIPPING <input type="checkbox"/> 4-up paper (Cheshire) NO CHARGE; FREE SHIPPING	
Keycode	Enter six-character keycode (\$50/keycode): _____ (first list) _____ (second list) _____ (third list)	
TOTAL ORDER		

The MLA license agreement and sample of your mailing piece must accompany this order form. If you have further questions, please contact Beverly Bradley at 312.419.9094 x13; email, mlams2@mlahq.org.

* Prices based on current-year rates available at www.marketing.mlanet.org. Thank you for your order!

MAILING LIST LICENSE AGREEMENT

Company/Mailing list Licensee: _____
Contact name: _____
Address: _____
City, State/Province, Zip/Postal code: _____
Country (if outside the US): _____
Telephone (required): _____
Fax: _____
Email: _____

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Licensee: _____ Date: _____
Contact person _____ Title: _____

Please return this license agreement, the order form, and a sample mailing piece to: Medical Library Association, Mailing Lists, 65 E. Wacker Pl., Ste. 1900, Chicago, IL 60601-7298; 312.419.9094; Fax, 312.419.8950.