



**National
Association of
Neonatal
Nurses**

MAILING LABEL ORDER FORM

The following guidelines apply when ordering labels:

- Duplication or reselling of labels is not permitted. Labels are sold for one time usage only.
- A complete **sample mailing piece** must accompany all orders.
- Pre-payment is required for all orders.
- Labels will not be sold for promotion of meetings occurring within one month (pre or post) of the NANN annual meeting.
- Allow 10 working days from the date complete order is received by the NANN office.
- NANN does not sell e-mail addresses for members.
- Licensee agrees **not** to use the names as a mailing source for membership solicitation.
- Notwithstanding the preceding, NANN reserves the right to refuse or accept any list rental order for any reason.
- Most current fees apply; please check with office to confirm rates prior to placing order.

Bill To:

Name _____

Facility _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Ship To:

Name: _____

Facility _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Format

- 4-Up Pressure Sensitive
- Disk (excel file)
- Email (excel file)

Sequence

- Alpha Order
- Zip Code

Send Via

- UPS
- FedEx#: _____
(Provide Account Number)

Selection Criteria

- \$1,000 Entire Membership
- \$1,800 Two Sets of entire Membership
- \$750 Up to 10 States _____
- \$500 Up to 5 States _____
- \$100 Single State _____

Total \$ _____

Additional Fees

- Disk \$50
- Email \$50
- Key Coding \$50 _____

Payment Method

-  VISA
  MASTER CARD
  AMEX
 CHECK (ENCLOSED PAYABLE TO NANN)

Card Number _____

Exp Date _____

Please return this form along with the sample mailing piece and pre-payment to:

NANN Membership Labels
 Attn: Kate Anderson
 4700 W. Lake Avenue
 Glenview IL 60025
 ☎ 800/451-9735 Fax 847/375-6491

For office use only:

Client ID _____
 Tracking Code _____
 Date Shipped _____