



**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 _____

☎ _____

Email: _____

Format

- 4-Up Pressure Sensitive
- Disk (ASCII)
- Email

Sequence

- Alpha Order
- Zip Code

Ship To:

Name: _____

Facility _____

Address _____

City/State/Zip _____

☎ _____

Email: _____

Send Via

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

Selection Criteria

- \$1,200 Entire Membership
- \$2,160 Two Sets of entire Membership
- \$900 Up to 10 States _____
- \$600 Up to 5 States _____
- \$120 Single State _____

Total \$ _____

Additional Fees

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

*Please contact the NANN office regarding additional requirements for mailings of research surveys.

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
☎ 800/451-3795 Fax 866/927-5321
Email: kanderson@connect2amc.com**