



# AMERICAN PAIN SOCIETY LABEL ORDER FORM

**The following guidelines apply when ordering labels:**

- Duplication or reselling of labels or lists is not permitted.
- **Labels and lists are rented for one-time use only.**
- APS must approve the mailing piece to be sent. Send a sample with your order.
- All orders are subject to approval.
- Allow 10 working days from the date the sample mailing piece is received by APS.
- **Pre-payment is required for all orders.**

**Format:**     4-Up Pressure Sensitive     4-Up Cheshire     Diskette or Electronic File (\$50 set up fee)

**Sequence:**     Alpha Order     Zip Code Order (*Labels will be in zip order unless otherwise specified*)  
                    E-Mail (\$75 set up fee)

**Send Via:**     UPS             Federal Express (*Billed to purchaser's FedEx Account # \_\_\_\_\_*)  
                    Electronic Shipping via e-mail in Excel format (\$10 handling fee)  
                    RUSH Order (3 days from receipt of payment) \$100

**Description:**     Entire Membership (*About 3,500*)  Random selection - Qty \_\_\_\_\_  
                    Selected states only (*Please list*) \_\_\_\_\_

**Cost:** (*Please check the appropriate boxes*)

<b>Entire Membership</b>	
<input type="checkbox"/> non-member	<b>\$750</b>
<input type="checkbox"/> member	<b>\$575</b>
<input type="checkbox"/> APS Member Regional Mailing	<b>\$200</b>
<b>Partial Membership</b>	
<input type="checkbox"/> non-member	<b>25¢ per label</b>
<input type="checkbox"/> member	<b>20¢ per label</b>

<b>Labels</b>	\$ _____
Diskette (\$50 set up fee)	_____
<b>E-Mail</b> (\$75 set up fee)	\$ _____
<b>Shipping</b> (\$10 minimum)	_____
<b>RUSH Charge</b> (\$100)	_____
(\$100 min. on orders less than 500 records)	_____
<b>Set-up Fee</b> (\$10 minimum)	\$ _____
<b>Sub-Total</b>	\$ _____
<b>TOTAL</b>	\$ _____

**Ship To:**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment:**

- Check enclosed (payable to the American Pain Society)
- American Express
- MasterCard
- Visa

Acct. #: \_\_\_\_\_

Expiration Date: \_\_\_\_ Signature: \_\_\_\_\_

<i>For APS office use only:</i>	
Sample received	_____
Labels ordered	_____
Date labels run	_____
Total # of labels	_____
Date Shipped	_____

Complete and return this form along with sample mailing piece and payment to:

**APS Membership Labels**  
**Attn: Member Services Group**  
**4700 W. Lake Avenue**  
**Glenview, IL 60025-1485**  
**847/375-4715 Fax: 877/734-8758**