



LABEL ORDER FORM

The following guidelines apply when ordering labels:

- Duplication or reselling of labels or lists is not permitted. Labels and lists are sold for **one-time use only**.
- ASPHO must approve the mailing piece to be sent. **Send a sample with your order.**
- All orders are subject to approval.
- Our policies prevent rental of the mailing list for the purpose of conducting research surveys or for use with membership solicitation or educational events 45 days prior to or following ASPHO programs.
- Allow 15 working days from the date the sample mailing piece is received by ASPHO.
- Pre-payment is required for all orders.**

Organization: _____

Request Date: _____ Mailing Date: _____

Order Details

Format Microsoft Excel 4-Up Pressure Sensitive Labels

Sequence..... Alpha Order Zip Code Order (*default*).

Send Labels Via UPS Federal Express (*Acct. #* _____)

Description Entire Membership (*est. 2,000*)..... Random Selection: Qty _____

Selected states only (*Please list*) _____

Send To

Name _____ Organization _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Cost *(please check one)*

<p>Entire Membership</p> <p><input type="checkbox"/> Nonmember \$600.00</p> <p><input type="checkbox"/> Member \$350.00</p>	<p>Partial Membership</p> <p><input type="checkbox"/> Nonmember 20¢ per label</p> <p><input type="checkbox"/> Member 15¢ per label</p>
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All label orders have a \$10 set-up fee and minimum \$10 shipping fee depending on shipping method.

Form of Payment *(Payment must be in US funds only.)*

MasterCard Visa American Express Discover Check (Payable to the American Society of Pediatric Hematology/Oncology)

Account Number _____ Expiration Date _____

Signature _____

Complete and return this form along with sample mailing piece and payment to
ASPHO Membership Labels, 8735 W. Higgins Road, Ste. 300, Chicago, IL 60631, info@aspho.org, or fax 847.375.6865

For office use only:

Client ID _____

Tracking Code _____

Date Shipped _____

Approved by _____

Date Approved _____