

# 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: \_\_\_\_\_  
(allow 3 business days)

\_\_\_\_\_  
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 \_\_\_\_\_ **CSC** \_\_\_\_\_

Expiration date \_\_\_\_\_

**Shipping information:** (must include valid email)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
City, State/Province

\_\_\_\_\_  
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 (required for e-delivery of invoice/receipt)

MAILING LIST CODE # / DESCRIPTION	PRICE*
<b>For multiple section list orders, please indicate preference:</b> <input type="checkbox"/> Separate files <input type="checkbox"/> Files merged and purged of duplicate names	
<b>Keycode:</b> Gpvt"ng{eqf g*u+"%82 leqf g+<'	
<b>Data delivery:</b> 0H/Ā • Á ā/Á ^Á^ ā ^!^á^e Áj Ác& Á^ Ácc&@áÁ Á{ aÁ	
<b>TOTAL ORDER</b>	

SAVE THIS FORM and email with the MLA license agreement and sample of your mailing piece. If you have questions, please contact Kate Corcoran at 312.419.9094 x12; email, [corcoran@mlahq.org](mailto:corcoran@mlahq.org).

\* Prices based on current-year rates available at [www.marketing.mlanet.org](http://www.marketing.mlanet.org). Thank you for your order!