



# Mailing List Rental Order Form

## Select Mailing List

- National (full run)
- All Members
- State(s)
- Certified Members Only
- Districts(s) / by zip codes

**Specify** (attach separate sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Select Type of Address

- Member's Facility Address  Member's Preferred Mailing Address

## Mailing List Prices

	NON-MEMBERS	ANFP MEMBERS
<input type="checkbox"/> Printed Member List	.15	.07
<input type="checkbox"/> Pressure Sensitive Labels	.15	.07
<input type="checkbox"/> E-mailed File	.15	.07

Prices are per record. Customers will be invoiced only for the exact number of names actually shipped. Orders will be processed within three weeks of receipt.

## List Rental & Use Agreement

The undersigned agrees to purchase mailing lists as designated on this order form as completed, from the Association of Nutrition & Foodservice Professionals, subject to the following conditions:

- List will be used for a one-time use only, for the purpose for which it was approved.
- List will not be duplicated or resold.

Having read the above, the undersigned agrees to assume full responsibility for any breach of these terms. Noncompliance will disqualify the undersigned and the organization represented from receiving future services from the Association of Nutrition & Foodservice Professionals.

Name: _____	Member #: _____
Signature: _____	Date: _____
Title: _____	Company: _____

**NOTE: Only Corporate Partners are authorized to receive member's e-mail addresses.**

## Shipping / Delivery Method

- E-mail \_\_\_\_\_  
Excel spreadsheet in zip code order
- Ship pressure-sensitive labels
  - In zip code order
  - In alpha order

### Shipping Info

Name _____	Organization _____
Address _____	City _____ State _____ Zip _____
Phone (    ) _____	

## ANFP List Rental Guarantee

ANFP warrants our lists to be as current, accurate, and complete as may be achieved using the source data and compilation methods used by ANFP in the ordinary course of its business. ANFP shall not be responsible for any consequential damages, whether foreseeable or not, through the purchase and use of our membership rental lists, and in no event shall our liability exceed the cost.

## Provide Sample of Mail Piece REQUIRED

- Sample is attached | Describe mailing piece to be sent:

\_\_\_\_\_

\_\_\_\_\_

Approval of specific requests will be based on review of your mailing sample. Orders are F.O.B. ANFP headquarters, and shipping costs may be added to total.

## Billing Information

How will you like to be charged?

### Invoice Me

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

### Credit Card

Please check one: <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Name on card _____			
Credit Card # _____	Exp. Date	/	/
Billing Address of this Credit Card _____			
City _____	State _____	Zip _____	
Signature _____	Date _____		

### No Charge

Free for ANFP chapter business, free one-time/yr - Corporate Partners who provides \$250 or more to ANFP sponsorship fund.

If ANFP member, list active office held (if any): \_\_\_\_\_

**For more information, please contact Nik Rubicz**

**Complete this form and e-mail or fax to Nik Rubicz**

Fax 630.587.6308 | nrubicz@ANFPOnline.org

**Association of Nutrition & Foodservice Professionals**

406 Surrey Woods Drive | St. Charles, IL 60174

Phone 800.323.1908 | Fax 630.587.6308 | www.ANFPOnline.org