



National Association of Pediatric Nurse Practitioners
31st Annual Conference: April 15-18, 2010

Conference Registration Mailing List Order Form

Exhibitors at NAPNAP's Annual Conference may rent the conference attendee mailing list for a set fee of \$750.00. NAPNAP MUST approve in advance any requested mailing. NAPNAP has the right to refuse any submitted mailing request. Exhibitor mailings must be conference related and are time limited to six weeks before and six weeks after the conference.

Exhibiting Company: \_\_\_\_\_

Contracting Company (if different): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

For what purposes do you intend to use the list (please summarize) and provide a sample of the mailing piece for approval:

Anticipated mailing date: \_\_\_\_\_

List will be: mailed in excel format on CD or downloaded from our ftp site

Sort Order: Alpha sequence Zip code sequence NAPNAP Conference Logo (additional \$250)

Shipping: Standard FedEx (add \$50.00) \*mailing lists cannot be sent via email

SUBMIT TO

Bridget Horgan Bell, Conference Coordinator
NAPNAP
20 Brace Road, Suite 200
Cherry Hill, NJ 08034
FAX: 856-857-1600 TEL: 856-857-9700
E-mail: bhorganbell@napnap.org

PAYMENT

Visa MasterCard AmEx

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

Exp. Date: \_\_\_\_\_

Name as it appears on credit card:

Authorized Signature:

Check (Payable to NAPNAP)

Tax ID# 23-7403934

Invoice (Payment due within 15 days of receipt)

FOR OFFICE USE ONLY

Ancillary Symposium: Date of Request: Date rec'd:

Date Labels/Disc Sent: By: Date License Agreement Signed:

Total Amount Due: Date payment rec'd:

Payment Type: ck # cc authorization: Deposit to Revenue Account Code: 4020-02-207-000

Deposit to Revenue Account Code: \_\_\_\_\_

**NAPNAP Mailing List License (2010 NAPNAP Conference)**

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Having read and understood the above items and conditions of this agreement, the Licensee agrees to assume full responsibility for compliance with this agreement. Any breach of this agreement will subject the undersigned to any or all legal and equitable remedies available to NAPNAP. Noncompliance will disqualify the undersigned from receiving future goods or services from NAPNAP.

The terms of this Agreement are effective only when accepted by NAPNAP at its national office in Cherry Hill, NJ.

**LICENSOR:**

National Association of Pediatric Nurse Practitioners  
20 Brace Rd., Suite 200  
Cherry Hill, NJ 08034

Authorized Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**LICENSEE:** (Please print name and address)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

If signing via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

**FAX TO: (856) 857-1600**