



**Conference Registration Mailing List Order Form**

Exhibitors at NAPNAP's Annual Conference may rent the conference attendee mailing list for a 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. NAPNAP does not provide the e-mail address of conference registrants as part of the address mailing list. (Extra! Exhibitors may also rent the NAPNAP conference logo (provided by NAPNAP in a print ready format), for a one-time use, to be included on the mailing material for an additional \$250.00.

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

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

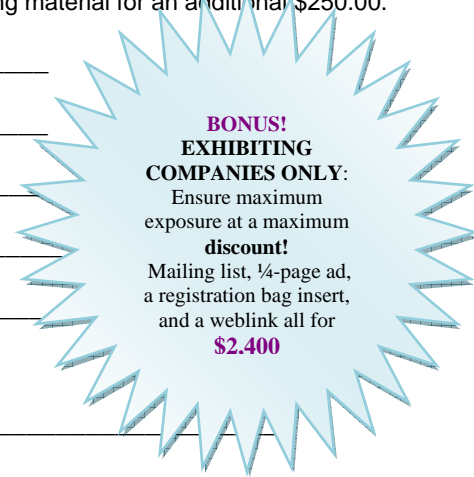
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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: \_\_\_\_\_



\$750 Mailing List:     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

**Please forward material with payment to:**

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

**PAYMENT-Submit with Application**

**Yes, I would like the Exhibitor Bonus package: \$2,400**

**TOTAL 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: \_\_\_\_\_    Total Amount Due: \_\_\_\_\_    Date rec'd: \_\_\_\_\_

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

Payment Type:  ck # \_\_\_\_\_     cc authorization: \_\_\_\_\_    Deposit to Revenue Account Code: 4020-02-209-000

Sample Material rec'd: \_\_\_\_\_    NAPNAP Permission Granted:  by: \_\_\_\_\_



**NAPNAP Mailing List License (2011 NAPNAP Conference)**

The National Association of Pediatric Nurse Practitioners (NAPNAP as “Licensor”) agrees to grant \_\_\_\_\_ (“Licensee”) permission to accept a non-exclusive and non-transferable license to use the NAPNAP conference registration mailing list under following terms and conditions:

1. Licensor will deliver to Licensee the mailing list upon acceptance of this agreement by Licensor and signed by Licensee.
2. Licensee agrees to pay the full rental fee at the time of agreement.
3. Licensee will mail only the approved mailing piece.
4. Licensee agrees that the NAPNAP conference logo, labels and/or files or the information on the labels and/or files will not be reproduced or used for any other purpose than the specific mailing piece requested by the Licensee. All NAPNAP mailing list rentals are for one-time use only and lists may not be copied or reused in any manner.
5. Licensee recognizes that NAPNAP conference logo; labels are copyrighted and thus may not reproduce, sell, or disseminate the labels, or their information, for or to third parties.
6. Licensee agrees that the delivery of NAPNAP conference logo, labels by the Licensor in no way constitutes an endorsement by NAPNAP, and the NAPNAP name shall not be used for any purpose including, but not limited to, any correspondence, or promotional material connected with the mailing.
7. Notwithstanding the preceding, NAPNAP reserves the right to refuse or accept any list rental order for any reason.

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**