



5 Hanover Square
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Tel: 917-746-8300

NAPNAP MAILING LIST ORDER FORM

Are you an agency purchasing on behalf of the sender? ___ Yes ___ No

If yes, Sender Company/Org?: _____

Order Contact Name: _____

Order Company/Org.: _____

Address: _____

Email: _____ Phone: _____

Purpose of Mailing: _____

Anticipated Mailing Date: _____

_____ All members, approx. 9,000

_____ Segmented (first free, additional categories \$50/each)

State(s): _____

Special interest group(s): _____

Primary practice setting: _____

Other demographic: _____

- Please complete this form and return to marketing@napnap.org or mail to the attention of the Marketing Dept at the above address along with a copy of the material to be mailed for NAPNAP approval.
- Based on your query selection(s), we will send an invoice for payment.
- Please return the payment with a signed Mailing List License Agreement.
- NAPNAP will provide the requested data and counter signed Mailing List Agreement within 7-10 business days upon receipt of payment and agreement.