National Association of Pediatric Nurse Practitioners™

NAPNAP MAILING LIST ORDER FORM

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

Sender Company/Org?: _____

Order Contact Name: _____

Order Company/Org.: _____

Address: _____

_____

Email: _____ Phone: _____

Purpose of Mailing: _____

Anticipated Mailing Date: _____

_____ All members who allow mail communications

_____ 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 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 and Mailing List License Agreement.
- Please return the payment with 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.