



MAILING LIST/LABEL ORDER FORM

Take advantage of the opportunity to reach the decision makers in rehabilitation nursing in your next direct mail campaign. The following guidelines apply when ordering labels:

- Duplication or reselling of labels or lists is not permitted.
- Labels and lists are rented for a one-time use only. Pre-payment is required for all orders.
- A sample mailing piece **must accompany all orders**. All orders are subject to approval.
- Black-out dates apply for promotion of meetings occurring within one month (pre or post) of the ARN annual meeting.
- ARN reserves the right to refuse or accept any list rental order for any reason.
- Allow 7-10 working days from the date the sample mailing piece is received by ARN.
- Licensee agrees **not** to use the names as a mailing source for membership solicitation
- **ARN can send an email to rehabilitation nurses on your behalf. Ask for details.**

Select the appropriate categories below and complete the mailing information as requested.

<p>Selections</p> <p><input type="checkbox"/> ARN members only (approx. 5,500)</p> <p><input type="checkbox"/> ALL CRRN's (approx. 13,300)</p> <p><input type="checkbox"/> ARN members & nonmember CRRN's (approx 15,000)</p> <p><input type="checkbox"/> Selected states (\$75 set-up charge)</p> <hr/> <p><input type="checkbox"/> Demographics (\$75 set-up charge)</p> <hr/> <p><input type="checkbox"/> Rush Option – 3–5 days (\$50 charge)</p> <p>Output Media</p> <p><input type="checkbox"/> Zip Code sequence</p> <p><input type="checkbox"/> Alpha sequence</p> <p><input type="checkbox"/> Email (\$75 set-up charge)</p> <p><input type="checkbox"/> Labels (\$75 set-up charge)</p>	<p>Rate</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> 1-500 names</td><td style="text-align: right;">\$ 150</td></tr> <tr><td><input type="checkbox"/> 501-1,000</td><td style="text-align: right;">\$ 300</td></tr> <tr><td><input type="checkbox"/> 1,001-2,000</td><td style="text-align: right;">\$ 450</td></tr> <tr><td><input type="checkbox"/> 2,001-3,000</td><td style="text-align: right;">\$ 600</td></tr> <tr><td><input type="checkbox"/> 3,001-4,000</td><td style="text-align: right;">\$ 800</td></tr> <tr><td><input type="checkbox"/> 4,001-5,000</td><td style="text-align: right;">\$1,000</td></tr> <tr><td><input type="checkbox"/> 5,001-6,000</td><td style="text-align: right;">\$1,200</td></tr> <tr><td><input type="checkbox"/> 6,001-8,000</td><td style="text-align: right;">\$1,600</td></tr> <tr><td><input type="checkbox"/> 8,001-10,000</td><td style="text-align: right;">\$2,000</td></tr> <tr><td><input type="checkbox"/> 10,001-12,000</td><td style="text-align: right;">\$2,400</td></tr> <tr><td><input type="checkbox"/> 12,001-14,000</td><td style="text-align: right;">\$2,800</td></tr> <tr><td><input type="checkbox"/> 14,001 or more names</td><td style="text-align: right;">\$3,000</td></tr> </table>	<input type="checkbox"/> 1-500 names	\$ 150	<input type="checkbox"/> 501-1,000	\$ 300	<input type="checkbox"/> 1,001-2,000	\$ 450	<input type="checkbox"/> 2,001-3,000	\$ 600	<input type="checkbox"/> 3,001-4,000	\$ 800	<input type="checkbox"/> 4,001-5,000	\$1,000	<input type="checkbox"/> 5,001-6,000	\$1,200	<input type="checkbox"/> 6,001-8,000	\$1,600	<input type="checkbox"/> 8,001-10,000	\$2,000	<input type="checkbox"/> 10,001-12,000	\$2,400	<input type="checkbox"/> 12,001-14,000	\$2,800	<input type="checkbox"/> 14,001 or more names	\$3,000
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Company/Organization Name _____

Address _____

City/State/Zip _____

Submitted by _____

Phone (_____) _____ Email _____ Date _____

Payment: VISA MasterCard Discover American Express *Check (***make payable to ARN**)

Acct # _____ Exp Date: _____ Total: \$ _____

Name as it appears on credit card: _____

Authorized Signature: _____

Return to:
Association of Rehabilitation Nurses
8735 W. Higgins Road, Suite 300
Chicago, IL 60631
Phone: 800/229-7530
Fax: 847/375-6481

<p><i>Approved by:</i></p> <p>_____</p> <p>Date: _____</p>
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