



AMERICAN PAIN SOCIETY LABEL ORDER FORM

The following guidelines apply when ordering labels:

- Duplication or reselling of labels or lists is not permitted.
- **Labels and lists are rented for one-time use only.**
- APS must approve the mailing piece to be sent. Send a sample with your order.
- All orders are subject to approval.
- Allow 10 working days from the date the sample mailing piece is received by APS.
- **Pre-payment is required for all orders.**

Format: 4-Up Pressure Sensitive 4-Up Cheshire Diskette or Electronic File (\$50 set up fee)

Sequence: Alpha Order Zip Code Order (*Labels will be in zip order unless otherwise specified*)

Send Via: UPS Federal Express (*Billed to purchaser's FedEx Account # _____*)

Electronic Shipping via e-mail in Excel format (\$10 handling fee)

RUSH Order (3 days from receipt of payment) \$100

Description: Entire Membership (*About 3,500*) Random selection - Qty _____

Selected states only (*Please list*) _____

Cost: (*Please check the appropriate boxes*)

Entire Membership	
<input type="checkbox"/> non-member	\$650
<input type="checkbox"/> member	\$325
<input type="checkbox"/> APS Member Regional Mailing	\$150
Partial Membership	
<input type="checkbox"/> non-member	25¢ per label
<input type="checkbox"/> member	20¢ per label

Labels	\$ _____
Diskette (\$50 set up fee)	_____
Shipping (\$10 minimum)	_____
RUSH Charge (\$100)	_____
<small>(\$100 min. on orders less than 500 records)</small>	_____
Set-up Fee (\$10 minimum)	\$ _____
Sub-Total	\$ _____
TOTAL	\$ _____

Ship To:

Name _____

Organization _____

Address _____

Phone _____ Fax _____

<i>For APS office use only:</i>	
Sample received	_____
Labels ordered	_____
Date labels run	_____
Total # of labels	_____
Date Shipped	_____

Payment:

- Check enclosed (payable to the American Pain Society)
 MasterCard Visa American Express

Acct. #: _____

Expiration Date: _____ Signature: _____

Complete and return this form along with sample mailing piece and payment to:

APS Membership Labels
Attn: Member Services Group
4700 W. Lake Avenue
Glenview, IL 60025-1485
847/375-4715 Fax: 877/734-8758