

## **Idaho Medical Association Mailing List Order Form**

<b>1. Type</b> ☐ A	Adhesive   Electro	onic (List Sent	to Mailing House)*	2. Sequence
3. Cost	Members: Non-Members: Full State -	\$ .25 per lab \$425.00	ENTARY pel (minimum \$150)	4. Ship Method (Members-No Charge for US Postal)  All expedited shipping must provide account number  UPS  Pick-Up  FedEx  US Postal (minimum \$5.00)
		Total: \$		Account#:
CC #:		Exp:	VCode:	CC #: Exp: VCode:  (If no shipping account, please provide credit card #)
6. Select Add	☐ Active Members ☐ Mid-Levels (Entire State) ☐ Members ☐ Mid-Levels (Entire State)	ship and Cand ire state of Phy	idates for Active M sician Assistants &	d, dues exempt, or residents) <b>Iembership only</b> (IMA Members, retired, dues exempt, & residents  Nurse Practitioners)
	-			rocess your order until we receive this sample.)
Ordered by:				Phone:
Member Nan	ne:		Signatu	nre: Date:
Company Na	nme:	<del>-</del>		Fax:
Shipping Add	dress:			
Direct Mailing Company:				Phone:
Company Co	nntact•			Fmail·

Thank you for your order. Please allow up to **Two Weeks** for processing. **Prepayment and a sample of the mailing are required before labels can be shipped.** You will be called if there is missing or confusing information that may delay your order. By signing this licensing agreement you understand that these labels will be for a one-time use only. You also agree to prevent duplication, transfer or reproduction of the labels, or information thereon, in any form whatsoever and to the other terms on the reverse side of this form. In order to receive mailing labels, this licensing agreement must be signed and faxed back to 208-344-7903.

<sup>\*</sup>An electronic list can only be selected if the list is to be sent to a mailing house to be processed for your mailing. Please list below the name of the company, contact person, telephone number and email address and we will contact them directly.

## Idaho Medical Association Mailing Labels Licensing Agreement

- 1. Licensee agrees not to duplicate, reproduce, or transfer labels or information hereon.
- 2. List is for one-time only. Applies to both adhesive and/or electronic.
- Licensee will be called if there is missing or confusing information on the order form.
- 4. The licensee **must submit** a sample mailing for each set of labels ordered.
- 5. Prepayment is required before labels can be shipped.
- 6. In order to receive the list at the complimentary member rate, the purchasing member's signature must appear on the order form.
- 7. All non-members will provide method of shipment and account number for all out of area orders. If none is provided a postage fee will be added. Members requesting priority overnight or expedited shipments will also need to provide an account number and/or the postage fee will be required before distribution of labels.
- 8. Prices include Idaho Sales Tax.
- 9. This form can also be downloaded from the IMA website at <a href="https://www.idmed.org/Brochures/Product Orders/LBLORDER.FM.pdf">www.idmed.org/Brochures/Product Orders/LBLORDER.FM.pdf</a>

## For more information contact:

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