



MAILING LIST ORDER FORM

The final pre-registration list is available in label format on a one time, one use basis after April 15, 2013. The cost is \$100.⁰⁰. The final registration list will be available approximately 2 weeks after the close of the meeting. The cost is \$100.00 and is also available for a one time basis. All labels will be sent 3-up pressure sensitive in zip code order. Payment and a copy of your mail piece must be included with order form and sent to:

The Society of Pediatric Urology
Attn: Kimberly Derr
 500 Cummings Center, Suite 4550
 Beverly, MA 01915
 Telephone: 978-927-8330
 Fax: 978-524-0461 kderr@prri.com

- Pre. Registration List (\$100.00 fee)
- Final Registration List (\$100.00 fee)

Please charge \$ _____ To my:   

Card #: _____ Security Code: _____ Exp: _____ / _____

Name on Card: _____ Signature: _____ Date: _____

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

I understand by ordering the labels, I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

Contact Name: _____

Signature: _____ Date: _____

NOTE: If you would like the labels sent Federal Express, include your account number below.

Federal Express Account #: _____
 • Overnight • Second Day

Approved By: _____	Payment Processed: _____	Returned to: _____	Mailed On: _____
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