

## NMTCB Mailing Labels Order Form

	Purchase Order No:			
Control 1977 DELIMINATION BOAT	FULL NAME:			
	TITLE:			
3558 Habersham at Northlake Building I	Institution/Company Name:			
Tucker, GA 30084 (404) 315-1739 FAX: (404) 315-6502	SHIPPING ADDRESS (USE STREET ADDRESS):			
Serving Nuclear				
Medicine Technologists around the world.	BILLING ADDRESS:			
around the works.				
	PHONE:			

A detailed description of the intended purpose of the mailing and a sample mailing piece must be attached. You must also sign this statement:

"I hereby certify that I will use these lists for the purpose described on the attached sheet and guarantee that these addresses will be used solely by the institution or company named above. I understand and agree that these names and addresses are rented for one-time use and are not to be reused or shared in any manner."

Authorized signature:	

MAILING LIST MAY BE PROVIDED ELECTRONICALLY (BY CD OR E-MAIL) AS AN EXCEL FILE OR COMMA DELIMITED LIST.

#### Q. Who can use the NMTCB Mailing lists?

- A. You can use the NMTCB Mailing lists if you
- + are engaged in academic research,
- + wish to provide products or services related to nuclear medicine,
- + wish to advertise educational products or services related to nuclear medicine,
- + are an employer or recruiter of nuclear medicine technologists.

### Q. Are the lists up to date?

A. The registrant list is updated daily. The entire list is updated with three first-class address correction mailings annually.

#### Q. What does the list cost?

- \$65 for 999 names or less; this is the minimum order
- \$60 per 1,000 names for quantities between 1,000 and 5,000
- \$55 per 1,000 names for quantities over 5,000 <u>Additional charges</u>
- \$8.00 per 1,000 pressure-sensitive labels
- Actual mailing costs

# Contact NMTCB to place order

3558 Habersham at Northlake Building I Tucker, GA 30084 (404) 315-1739 FAX: (404) 315-6502

e-mail: board@nmtcb.org

#### Remember to:

- ✓ Provide the street address where the labels will be shipped.
- ✓ Sign this form.
- ✓ Include a statement of intended purpose.
- ✓ Include a sample mailing piece.
- Send no money now; you will be invoiced.

## STATES of Certified Nuclear Medicine Technologists. (check all needed)

□ Alaska	Louisiana	Oklahoma
□ Alabama	Massachusetts	Oregon
☐ Arkansas	Maryland	Pennsylvania
☐ Arizona	Maine	Puerto Rico
☐ California	Michigan	Rhode Island
□ Colorado	Minnesota	South Carolina
□ Connecticut	Missouri	South Dakota
☐ Dist. Of Col.	Mississippi	Tennessee
□ Delaware	Montana	Texas
☐ Florida	Nebraska	Utah
☐ Georgia	Nevada	Virginia
☐ Hawaii	New Hampshire	Vermont
□ Iowa	New Jersey	Washington
□ Idaho	New Mexico	Wisconsin
☐ Illinois	New York	West Virginia
☐ Indiana	North Carolina	Wyoming
□ Kansas	North Dakota	
☐ Kentucky	Ohio	