



Mailing List Rental Order Form

Name _____

Title _____

Company Name _____

Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-mail _____

Type of List:

Member Rate:

Non-Member Rate:

- | | | |
|--|-------|---------|
| <input type="checkbox"/> Full Database: | \$750 | \$1,000 |
| <input type="checkbox"/> Full Membership: | \$600 | \$850 |
| <input type="checkbox"/> Program Membership/Directors and Faculty: | \$450 | \$650 |
| <input type="checkbox"/> Program Membership/Program Directors: | \$250 | \$350 |

Type of Labels Needed:

- Electronic File (Excel Spreadsheet)
- Pressure Sensitive Labels

Charge: Visa MasterCard American Express Amount Paid \$ _____

Credit card number _____ Exp. _____

Signature _____

Cardholder's name _____

Check*

Please make checks payable to: AUPHA

*Please note that we are unable to process an order until payment is received

Return this form, Mailing List Rental Agreement, and a copy of the mailing piece to:

Lacey Meckley
 Association of University Programs in Health Administration
 2000 14th Street North, Suite 780
 Arlington, VA 22201
 Email: lmeckley@aupha.org
 Telephone (703) 894-0940 ext. 122 Fax (703) 894-0941