



# Label Rental Form

Date Requested \_\_\_\_\_

Date Needed \_\_\_\_\_

Requesting member's name \_\_\_\_\_ Member # \_\_\_\_\_

Send to (person's name) \_\_\_\_\_

Agency/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

What is the purpose of your mailing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request is for a CPRS-sponsored project. No payment is required.  
(otherwise, complete "Payment Info" section)

### PAYMENT INFO

I understand that CPRS requires the following payment:  
MEMBERS \$150 per thousand (minimum \$150)  
NONMEMBERS \$250 per thousand (minimum \$250)

#### Check one:

- Pay by Check. Labels will be mailed upon payment received  
 Pay by Card. Online or over the phone.

### Method of shipping

First-Class  
Priority Mail

FedEx Addressee's account number: \_\_\_\_\_  
 UPS \_\_\_\_\_

### Selection Criteria (Agencies, Regions, Districts or Sections)

#### P&R Agencies

- CPRS member agencies only  
 All Calif. agencies

#### Other

Please detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CPRS Individual Members

(Regions) Districts  All  Only those circled below:

(1) 1 2 3 (2) 4 5 6 (3) 7 8 15

(4) 11 13 14 (5) 9 10 12

Sections  All  Only those selected below:

- Administrators  Aging Services  Aquatics  Educators  
 Development & Operations  Recreation  Recreation Therapy  
 Other: \_\_\_\_\_

### Output format

Please allow up to one week for processing.

#### Labels

Sticky  
(peel-and-apply)

## Questions?

Contact CPRS.

CPRS@CPRS.ORG or (916)665-2777

#### OFFICE USE ONLY

List name \_\_\_\_\_ Date sent \_\_\_\_\_  
Processed by \_\_\_\_\_ Quantity \_\_\_\_\_  
Postage \_\_\_\_\_ Invoice # \_\_\_\_\_