NAHQ

NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

MAILING LABEL ORDER FORM

The following guidelines apply when ordering labels:

- Duplication or reselling of labels is not permitted. Labels are sold for one-time use only.
- A complete sample mailing piece must accompany all orders.
- Pre-payment for all orders is required.
- Allow 10 working days from the date the sample mailing piece is received by NAHQ.
- All label orders are subject to approval.
- Labels will not be sold for promotion of meetings occurring within one month (pre or post) of the NAHQ annual meeting.
- Quantities ordered will be rounded up to the nearest thousand for billing purposes.

Bill To:

Name_____

Facility_____

Address_____

_____

City/State/Zip_____

Phone_____

Ship To:

Name_____

Facility_____

Address_____

_____

City/State/Zip_____

Phone_____

Format

☐ 4-Up Pressure Sensitive

☐ Email ☐ Disk (ASCII)

Email address_____

Sequence

☐ Alpha Order

☐ Zip Code Order (Default)

Send Via

☐ UPS

☐ Fed-EX _____

(Provide Account#)

Selection Criteria

☐ Entire Membership (Approx. 4,900)

☐ States

List State: _____

☐ Selected Areas of Responsibility (see membership application)

List Areas:_____

Cost

☐ List Fee $_____

($160 per thousand)

☐ Disk Format Fee $35

☐Email Format Fee $35

☐Key Coding _____$50

Total $_____

Payment Method

☐ **Check** (Enclosed) ☐ **Visa** ☐ **Master Card** ☐ **Amex**

_____ _____

Card Number Exp Date

➢➢Complete & return this form along with payment and sample mailing piece to:⮜⮜

NAHQ Mailing Labels
Attn: Kate Anderson
4700 W Lake Ave
Glenview IL 60025-1485
☎ 800/966-9392 Fax 847/375-6320

For office use only:

Client ID _____

Tracking Code _____

Date Shipped_____

NAHQ Tax ID # 95-3062349 GL Account #: 5570-001