



MAILING LIST ORDER FORM

The final pre-registration list is available in label format on a one time, one use basis after August 11, 2017. The Final registration list is available approximately 2 weeks after the close of the meeting. The fee for each list is \$100. Payment and a copy of your mail piece must be included with order form and sent to:

Northeastern Society of Plastic Surgeons
500 Cummings Center, Suite 4400
Beverly, MA 01915
Telephone: 978-927-8330 | Fax: 978-524-0461 | Industry@nesps.org

Pre registration list \$100.00

Final registration list \$100.00

TOTAL CHARGE: _____

Please charge my



Card #: _____ Sec. Code: _____ Exp: _____

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ **FAX:** _____

Email: _____

Secure Fax: + 978.524.0461 *This form must be faxed if credit card number is showing. DO NOT EMAIL.*

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is not the same please enter below.

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:** _____