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**NAPNAP Mailing List
ORDER FORM**

Name: _____ Date: _____

Organization: _____

Address: _____

City, State Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

For what purposes do you intend to use the list (please summarize):

Anticipated Mailing date: _____

- | | |
|-----------------------------|---|
| Format desired (chose one): | Pressure-sensitive list (20 names per page) |
| | Diskette |
| | CD |
| Sort Order: | Alpha sequence |
| | Zip code sequence |
| Selections: | All members (approximately 6,800) |
| | Queried selection (State, Zip Code, Demographics) |

Shipping: Standard
FedEx (add \$50.00)

PAYMENT	
Visa	MasterCard
Acct #: _____	
Exp. Date: _____	
Name as it appears on credit card: _____	
Authorized Signature: _____	
Check (payable to NAPNAP)	
Invoice (Due within 15 days upon receipt)	

Query Sorts (up to three):	
1.	_____
2.	_____
3.	_____
Extra Queries (\$50.00 per sort):	
4.	_____
5.	_____
6.	_____

FOR OFFICE USE ONLY	
Date Order Received:	_____
Date Approved:	_____ By: _____
Date License Agreement Signed:	_____
Labels/Disk Sent: Date:	_____ By: _____
Total # of names:	_____
Total number of query sorts:	_____
Cost:	_____