



MAILING LABEL ORDER FORM

Take advantage of the opportunity to reach the decision makers in neuroscience nursing in your next direct mail campaign. **The following guidelines apply when ordering labels:**

- Duplication or reselling of labels is not permitted.
- Labels are sold for **one time usage only**. Pre-payment is required for all orders.
- A complete **sample** mailing piece **must accompany all orders**. All orders are subject to approval.
- Black-out dates apply for promotion of meetings occurring within one month (pre or post) of any AANN education event.
- Allow 7-10 working days from the date the complete order is received by the AANN office.
- Licensee agrees **not** to use the names as a mailing source for membership solicitation
- **AANN does not sell email addresses but can send an email on your behalf.** [Click here for details.](#)

Select the appropriate categories below and complete the mailing information as requested.

<p>Selections</p> <p style="padding-left: 20px;">AANN Members only-(approx. 5,100)</p> <p style="padding-left: 20px;">All CNRN/SCRN (approx. 10,200)</p> <p>Additional Options</p> <p style="padding-left: 20px;">Demographics (\$75 set-up charge)</p> <ul style="list-style-type: none"> ○ Primary Position <ul style="list-style-type: none"> ▪ Administrator ▪ Advanced Practice Nurse ▪ Case Manager ▪ Clinical Educator ▪ Clinical Nurse Specialist ▪ Consultant ▪ Faculty ▪ Instructor ▪ Nurse Practitioner ▪ Researcher ▪ Staff Nurse ▪ Student ○ Primary Specialty <ul style="list-style-type: none"> ▪ Epilepsy ▪ Geriatric ▪ Movement Disorders ▪ Neuromuscular ▪ Neuro-Oncology ▪ Neurotrauma 	<p>Rate</p> <table style="width: 100%; border: none;"> <tr><td style="padding-left: 20px;">1-500 names</td><td style="text-align: right;">\$ 150</td></tr> <tr><td style="padding-left: 20px;">501-1,000</td><td style="text-align: right;">\$ 300</td></tr> <tr><td style="padding-left: 20px;">1,001-2,000</td><td style="text-align: right;">\$ 450</td></tr> <tr><td style="padding-left: 20px;">2,001-3,000</td><td style="text-align: right;">\$ 600</td></tr> <tr><td style="padding-left: 20px;">3,001-4,000</td><td style="text-align: right;">\$ 800</td></tr> <tr><td style="padding-left: 20px;">4,001-5,000</td><td style="text-align: right;">\$1,000</td></tr> <tr><td style="padding-left: 20px;">5,001-6,000</td><td style="text-align: right;">\$1,200</td></tr> <tr><td style="padding-left: 20px;">6,001-8,000</td><td style="text-align: right;">\$1,600</td></tr> <tr><td style="padding-left: 20px;">8,001-10,000</td><td style="text-align: right;">\$2,000</td></tr> <tr><td style="padding-left: 20px;">10,001-12,000</td><td style="text-align: right;">\$2,400</td></tr> <tr><td style="padding-left: 20px;">12,001-14,000</td><td style="text-align: right;">\$2,800</td></tr> <tr><td style="padding-left: 20px;">14,001 or more names</td><td style="text-align: right;">\$3,000</td></tr> </table> <p>Sort</p> <p style="padding-left: 20px;">Zip code sequence</p> <p style="padding-left: 20px;">Alpha sequence</p>	1-500 names	\$ 150	501-1,000	\$ 300	1,001-2,000	\$ 450	2,001-3,000	\$ 600	3,001-4,000	\$ 800	4,001-5,000	\$1,000	5,001-6,000	\$1,200	6,001-8,000	\$1,600	8,001-10,000	\$2,000	10,001-12,000	\$2,400	12,001-14,000	\$2,800	14,001 or more names	\$3,000
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<ul style="list-style-type: none"> ▪ Pediatrics ▪ Spine ▪ Stroke 	
Special Focus groups (\$75 set-up charge) Rush option 3-5 days (\$50 charge)	

Company/Organization Name _____

Address _____

City/State/Zip _____

Submitted by _____

Phone (____) _____ Email _____ Date _____

VISA
 MASTER CARD
 AMEX
 CHECK (ENCLOSED PAYABLE TO AANN)

Card Number	Exp date
Name as it appears on credit card	Signature

Please do not mail or email credit card information

If paying by Credit Card, please contact **AANN Member Services** at **888.557.2266 | 847.375.4733**. Or Fax to **847-375-6430**
(A 3% processing fee applies to credit card payments)

Please return this form along with the sample mailing piece and pre-payment to:

Please make checks payable to:
NOTE: If paying by check processing time will take an extra 2 weeks

American Association of Neuroscience
Nurses PO Box 88019
Chicago, IL 60680-1019

<i>For office use only:</i>
Approved by: _____
Date: _____