



Mailing List Request Form

Thank you for your interest in our chapter. Please complete the information below and return with payment and a copy of the piece being mailed. MPISCC reserves the right to deny requests for rental of its mailing list for any reason it deems necessary. Requests will be shipped within 5 working days from the date of receipt of form and payment. Incomplete forms will delay shipping.

Shipping Information

Contact: _____

Company: _____

Street Address

City, State and Zip

Phone: _____ Email: _____

One-Time Usage Labels

List Requested:	Full Membership	Planners Only	Suppliers Only	Cost
MPI Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$250
Non-Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$400

Payment Information

Send check to: MPISCC
275 E. Hillcrest Drive, Suite 215
Thousand Oaks, CA 91360

By Credit Card, complete the following and fax to (805) 557-1133

Card #	Expiration Date
Name on Card	
Billing Address (if different from above)	
Cardholder's Signature	