MAILING LIST LICENSE AGREEMENT

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8. The Agreement, together with the mailing list order form attached hereto and incorporated herein, embodies the entire understanding between the parties relating to the subject matter.

Licensee’s execution of this agreement below indicates acceptance of the above terms. Any questions regarding the mailing list may be directed to Kristen Malloy at 312-224-2600 or kmalloy@ilpsych.org.

____________________________________________________________________________________________
Company/Mailing list Licensee
____________________________________________________________________________________________
Contact name and Title
____________________________________________________________________________________________
Full Address
____________________________________________________________________________________________
Telephone (required) Fax number: Email Address (required)
____________________________________________________________________________________________

Please return this license agreement, the order form, and a sample mailing piece to:
Illinois Psychiatric Society, 3111 43rd Street, Highland, Indiana 46322.
Mailing Labels Order Form

Form and Payment must be received before labels are sent.

☐ Yes, I would like to purchase a set of mailing labels of the Illinois Psychiatric Society’s membership.

Price: $600 per set.

Number of sets: ____________________  Total Amount Enclosed: ____________________

Company: ________________________________________________________________
Contact Name: ____________________________________________________________
Address: _________________________________________________________________
_____________________________________________________________________
Phone: ___________________________  Fax: _________________________________
Email: ________________________________________________________________

Payment type:  _____Check  _____Visa  _____MasterCard
Card Number: ____________________________  Ex. Date: _______  CVV: _______
Name on Card: ___________________________________________________________
Signature: __________________________________________________________________

Please mail this form along with payment to the IPS Office.

Make checks payable to: Illinois Psychiatric Society.
Please send payments to IPS, 3111 43rd Street, Highland, Indiana 46322.
For questions, contact Kristen Malloy at (312) 224-2600 or at kmalloy@ilpsych.org.