



# ASSOCIATION FOR PSYCHOLOGICAL TYPE INTERNATIONAL

9650 Rockville Pike • Bethesda, Maryland 20814-3998 • [www.aprinternational.org](http://www.aprinternational.org)

## MAIL LIST ORDER FORM

### Guidelines

- Prepayment is required. Orders will not be processed without payment. This order form is also an invoice. No other invoice will be issued.
- Duplications or reselling of labels is not permitted.
- Labels are sold for one-time usage only and include all active APT International members.
- A sample mailing piece must accompany all orders.
- All mail list orders are subject to approval.
- Allow two weeks (10 working days) from the date the sample mailing piece is received by APT International.

Please send me the APT International mail list. I understand these labels are sold for a one-time use only and Agree to this restriction.

Please sign here: \_\_\_\_\_

### File Format

- \*.txt (tab delimited)    \*.csv (comma delimited)    \*.xls (EXCEL)    other \_\_\_\_\_

or

### Label Format

- 4-Up Pressure Sensitive    4-Up Cheshire

### Description

*(Total members approx. 4,000)*

- Regular members    Student members    Retiree    Lifetime/Honorary

by State (list) \_\_\_\_\_

by Country (list) \_\_\_\_\_

other \_\_\_\_\_

### Sort Order

- ZIP/Postal Code (unless otherwise specified)    alpha (last name)    alpha (country)

### Send via

- Email    CD    3.5" floppy disk

### Price

\$ 0.11 USD per member: # of members \_\_\_\_\_ x \$0.11 = \_\_\_\_\_

### Setup Fee

\$ 35.00 USD per order

**Total Amount Being Paid**

\$ \_\_\_\_\_

### Ship To

*may not be shipped to P.O. Box*

Name \_\_\_\_\_

Email \_\_\_\_\_

Organization \_\_\_\_\_

Web URL \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Payment Method

*Payment must be drawn on U.S. account – in U.S. currency*

**Check** – made payable to: **APT International**

**Credit Card** –  VISA    Mastercard    AMEX   ... **complete CARDHOLDER info below:**

Card Number \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_\_ Card Security Code (3 or 4 digits) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ Print Name \_\_\_\_\_

Card Billing Addr \_\_\_\_\_

Email (for receipt) \_\_\_\_\_ Phone \_\_\_\_\_

### Remit Payment

**Mail to:** 9650 Rockville Pike • Bethesda, MD 20814-3998 USA

**Fax to:** 301-634-7455

**APT Office use only:**

\_\_\_\_\_ **Sample rcvd**  
\_\_\_\_\_ **Placed**

\_\_\_\_\_ **Approved**  
\_\_\_\_\_ **Completed**

\_\_\_\_\_ **# of records**  
\_\_\_\_\_ **Sent**

