



MASSACHUSETTS CHAPTER of the AMERICAN COLLEGE of SURGEONS

65th Annual Meeting December 1, 2018

WESTIN COPLEY HOTEL | BOSTON, MA



MAILING LIST ORDER FORM

The final pre-registration list is available in label format on a one time, one use basis after November 19, 2018. The fee is \$100.00. The Final registration list is available approximately 2 weeks after the close of the meeting. The fee is \$100.00. Payment and a copy of your mail piece must be included with order form and sent to:

Brittany Fiore, Associate Meeting Manager
500 Cummings Center, Suite 4400, Beverly, MA 01915
Telephone: 978-927-8330 Fax: 978-524-0461
bfiore@prri.com

Pre registration list \$100.00

Final registration list \$100.00

TOTAL CHARGE: _____

Please charge my:



Card # _____ Sec. Code _____ Exp _____

Name on Card: _____ Signature: _____ Date: _____

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ FAX: _____

Email: _____

I understand that I am renting the mailing list for a one-time use only and it is only to be used for the mailer approved by MCACS. Any additional mailings must be submitted again for approval with an additional order form. I understand that the list is seeded to detect unauthorized use. If unauthorized use is found, a \$1,000 fee will be imposed. Orders cancelled prior to the date of the mailing will be subject to a \$50 administrative fee. If order is cancelled after the mailing date, fees are due in full.

Contact Name: _____

Signature: _____ **Date:** _____

NOTE: If you would like the labels sent Federal Express include your account number below.

Federal Express Account #: _____

Overnight

Second Day

I wish to have the list in excel format sent to my preferred bonded mail house

Bonded Mail House Attention

Email

Telephone