



About Your Mailing List Order

- TOTA Membership Mailing Labels are the exclusive property of the Texas Occupational Therapy Association, Inc.
- Cost: Members: \$.10/label with a \$30.00 minimum; Non-Members: \$.25/label with a \$50.00 minimum. There is an additional charge for shipping (\$6.00) if labels are printed and mailed to you. Tax will be added unless your organization is tax exempt. Please include tax ID number on this form if you are tax exempt.
- Labels will be customized to your informational needs. Please call 512/454-8682 if you feel you need to discuss this with us further. If you are requesting labels for specific areas, all areas must be designated by zip code range. Searches by individual zip codes, multiple cities, counties, or "surrounding area" are not possible.
- A sample of the mailing, along with payment, must accompany this signed agreement before the labels will be sent.
- Labels are printed on self-adhesive laser label paper and come 30 to a page. Or, labels can be sent by email in tabor comma delimited format. If labels are sent electronically, no shipping charge will be incurred.

(Please print or type all information)

Company Name: _____
 Contact Person: _____
 Address: _____
 Address: _____
 Telephone: _____ FAX: _____
 Email: _____ Tax ID: _____

Please check ALL appropriate boxes for the mailing labels you are requesting and fax to TOTA office for a cost estimate information will be faxed or e-mailed to you once the database search has been run.

- OTRs COTAs Students Alphabetical Order Zip Code Order
 Members Non-members Printed Labels Tab/comma delimited label list (via email)

District or zip code ranges you are requesting: _____

Other: (special interests): _____

To ensure processing of your order, please enclose a sample mailing piece and payment with this form. TOTA accepts both Visa and Master Card. Fill in credit card information in the spaces below.

A. The names and addresses acquired from these labels will not be copied, reused, sold or electronically reproduced by anyone. These names will be used for the enclosed mailing only. B. The mailing will not indicate endorsement or sponsorship by the association nor will it in any other manner, directly or indirectly, indicate a relationship with the association without the express, written approval from the Executive Director.	# of Labels _____ \$ per Label _____ Amount _____ Tax _____ Shipping \$6.00 minimum TOTAL _____
I, the undersigned, agree to all provisions as listed: Name: _____ Date: _____	

Payment

Check # _____ Please send to TOTA Mailing Address below
 Master Card Visa May be faxed to number below

Card Number: _____ Expiration Date: _____
 Amount: _____ 3 Digit Security Code on card back: _____
 Cardholder's Signature: _____
 Cardholder's name exactly as it appears on credit card: _____
 Cardholder's Billing Zip _____

When requesting information on cost, please fill out this form and fax to the TOTA office at 512/450-1777. Cost will be calculated according to the parameters you have designated, and information on total cost will be sent to you, either via fax or e-mail.

**Mail this form with payment to:
 TOTA, Inc., 1106 Clayton Lane, Suite 516W, Austin, Texas 78723
 OR fax to 512-450-1777**

FOR OFFICE USE ONLY

Amount \$ _____ Date Received _____ Paid by _____
 Check Number _____ Credit Approval # _____