



## Facsimile Transmission

## Label Request Form

To: **Mandy Marneris** From: \_\_\_\_\_

Fax: **312-235-4059** Pages: \_\_\_\_\_

Re: **Label Request** Date: \_\_\_\_\_

### LABEL REQUEST INSTRUCTIONS

*Please read the following label request instructions carefully before completing the attached label request form. All label request forms must be complete. Incomplete forms will not be processed and will be returned to the requester for completion.*

#### Purpose of Mailing

CUCOG member labels are available for purchase to members, allied societies and any organizations that have a purpose for providing CUCOG members with information. We require that a copy of the mailing piece be sent to CUCOG Headquarters for approval.

#### Label Type

CUCOG offers its labels on Pressure Sensitive labels (more commonly referred to as "peel-off "or "sticky"). Labels are **not** offered in electronic format.

#### Sorting

CUCOG offers membership labels in ENTIRE or PARTIAL. Labels can also be sorted into geographical areas according to zip code. Contact [cucog@cucog.org](mailto:cucog@cucog.org) for details.

#### Cost and Invoicing

Price (Full or Partial): \$450.00 per set

**Payment must be received before the labels will be processed.**

**Please indicate members name if member price is checked.** \_\_\_\_\_

#### Shipping

US Postage \$10.00  FedEx \$20.00

#### Questions or special requests:

Should any questions arise regarding your label request, please contact Mandy Marneris at (312) 676-3929.

**Please fax or mail your completed order form as well as a copy of the mailing piece to Mandy Marneris.**

**Council of University Chairs of Obstetrics & Gynecology  
230 W. Monroe Street, Suite 710, Chicago, IL 60606-4703  
Phone: (312) 676-3929 Fax: (312) 235-4059**

## Label Request Form

Today's date: \_\_\_\_\_

Date needed: \_\_\_\_\_

*Please allow at least one week for processing and approval*

Requester: \_\_\_\_\_

Ship to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Please send the labels to:  Requester address  Ship to address

**If payment by check: Make check to: CUCOG**

**Mail to: CUCOG**

**Attn: Mandy Marneris**

**230 W. Monroe, Suite 710**

**Chicago, IL 60606**

**Payment must be received before the labels will be processed.**

Credit Card Type:  Visa  American Express  MasterCard

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

Expiration Date \_\_\_\_\_ V code \_\_\_\_\_

Name on Card \_\_\_\_\_

Total Charge \_\_\_\_\_

Would you like your labels shipped via FedEx for an additional charge of \$20.00?  YES  NO

**What is the purpose of your mailing?** \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE MAILING PIECE.**

**Please check complete or partial list and all that apply:**

Complete list  Canadian Only  USA Only

### **SIGNATURE REQUIRED FOR COMPLETION OF LIST ORDER**

I understand and agree that this list order is for a **one-time use only** to be used only to send material here with submitted for review by CUCOG on the date to be sent specified above. A separate order form must be submitted and approved before using the CUCOG names again.

Signature \_\_\_\_\_ Date: \_\_\_\_\_