

# MAILING LIST ORDER FORM

Thank you for your interest in purchasing the PCB Certified Addiction Professional Mailing List. This list is made available to you on pressure-sensitive mailing labels or electronically in an Excel spreadsheet for a one-time use only and under the following conditions:

- (1) A copy of the material being mailed with this list must be submitted with this application for PCB approval. Once your application is approved, no other material may be included in your mailing using our labels.
- (2) The names and addresses may not be saved by you or your agency in any form (database, photocopy, etc.). They may not be used again for any purpose. If you wish to send another mailing with the PCB Mailing List, you must apply for the use of it again.

Please fill out the information below. By signing this form, you agree to abide by the rules listed above. Any violation of the agreement will result in immediate action by PCB.

I agree on behalf of the agency named below to use these mailing list names and addresses one-time only and only for the approved material submitted with this application.

If you wish to purchase the mailing list by credential, please email [info@pacertboard.org](mailto:info@pacertboard.org) prior to completing this form.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one (fee must accompany this form & sample of mailing):

- Full State of PA \$750
- Southeast region only \$250
- Central region only \$150
- Northeast region only \$200
- West region only \$250

- Checklist:**
- Fee
  - Sample of mailing
  - Completed form

**TOTAL DUE:** \_\_\_\_\_

Format:  Pressure sensitive labels  Electronic (Excel spreadsheet)

Fees can be paid using one of the following:

- Check/MO (payable to PCB)
- Credit Card (Visa, MasterCard or Discover) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**Mail to: PCB, 298 S. Progress Ave., Harrisburg, Pa 17109**  
**Phone: (717) 540-4455 Fax: (717) 540-4458**