



## AMT MAILING LIST REQUEST FORM

### PRICING

Fee: \$200/M; \$100 for < 1,000

Approximate quantities are indicated below. For exact quantities, contact AMT at 847-823-5169 ext. 216

### REQUEST

1. What is the intended use: \_\_\_\_\_

Note that AMT reserves the right to approve all materials and may request a copy of what is being sent.

2. Specify Certification Type: (approximate numbers, specified in parentheses - provided in zip code order)

\_\_\_\_ Medical Technologists (11,000)

\_\_\_\_ Medical Assistant (35,000)

\_\_\_\_ Medical Laboratory Technicians (2,500)

\_\_\_\_ Medical Admin. Specialists (600)

\_\_\_\_ Phlebotomy Technicians (6,200)

\_\_\_\_ Allied Health Instructors (4500)

\_\_\_\_ Office Lab Technicians (175)

\_\_\_\_ Dental Assistants (600)

\_\_\_\_ Lab Consultants (30)

3. Specify state(s): \_\_\_\_\_

4. What is your preferred output format?

\_\_\_\_ Emailed File: Text delimited

\_\_\_\_ Printed labels (extra shipping fees may apply)

\_\_\_\_ Emailed File: Excel (spread sheet)

5. Please specify the date file/labels are needed? \_\_\_\_\_

6. Please specify contact information:

Contact: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### PAYMENT

Total Payment: \_\_\_\_\_ Contact AMT if exact quantity is needed: 847-823-5169 ext. 216

Please check payment type: \_\_\_ Check \_\_\_ Money Order \_\_\_ Visa, MasterCard, Discover

Name of cardholder: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp Date \_\_\_\_\_

The undersigned assures AMT that the mailing list will not be sold or given to another agency or organization and is for the one time use of the above-mentioned purchaser.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_