



AMT MAILING LIST REQUEST FORM

Please submit this completed form via Email to mail@americanmedtech.org or fax to 847-823-0458

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

What is the intended use: _____

AMT must approve all materials; please submit a sample of the mailing piece you will be using for this one-time mailing list.

Specify certification type: (approximate numbers, specified in parentheses)

- | | |
|---|---|
| <input type="checkbox"/> Medical Technologists (9,591) | <input type="checkbox"/> Medical Assistants (57,690) |
| <input type="checkbox"/> Medical Laboratory Technicians (2,343) | <input type="checkbox"/> Medical Admin. Specialists (321) |
| <input type="checkbox"/> Phlebotomy Technicians (6,200) | <input type="checkbox"/> Allied Health Instructors (955) |
| <input type="checkbox"/> Office Laboratory Technicians (199) | <input type="checkbox"/> Dental Assistants (500) |
| <input type="checkbox"/> Laboratory Consultants (37) | |

Specify state(s): _____

What is your preferred output format?

- Emailed File: text delimited
- Emailed File: Excel (spread sheet)
- Printed labels (extra shipping fees may apply)

Date file/labels are needed: _____

Contact Information:

Order Date: _____ Name: _____

Company: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Payment Information and Mailing List Rental Use Agreement

NO payment is due at this time. AMT will contact you via email with a quote for the total amount due. Payment can be made by phone via Visa, MasterCard and Discover, or by mail via check.

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.

Signature: _____ Date: _____