



THE MOVEMENT DISORDER SOCIETY

MAILING LIST PURCHASE REQUEST

To request mailing labels please complete and return this form with full payment prior to label printing. A sample of the item(s) to be mailed must be included with this form. All labels are for one-time use only. All requests must be reviewed and approved by the Society's Secretary prior to order completion. The estimated time frame for completion of most requests is 3-4 weeks.

Return this form and sample mailing piece to:

**The Movement Disorder Society
International Secretariat
555 East Wells Street, Suite 1100
Milwaukee, WI 53202, USA
Tel: +1 414-276-2145
Fax: +1 414-276-3349
E-mail: info@movementdisorders.org**

Name: _____ Company/Institution: _____
Address 1: _____ Address 2: _____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Telephone: _____ Fax: _____ E-mail: _____

Please provide a full explanation indicating the purpose for use of the mailing labels. If more space is required, please attach additional pages:

TYPE OF LABEL:

Labels are available in pressure sensitive (stick-on) label format only. **Note: Labels are not available electronically.**

- 1-up pressure sensitive labels
 3-up pressure sensitive labels

SORTING CRITERIA:

- Last Name Alpha
 Zip/Postal Code
 Country Specific: _____

PAYMENT INFORMATION:

- Nonprofit Organization - Payment Amount: \$200.00 USD
 For Profit Organization - Payment Amount : \$2,000.00 USD

Payment Type: Check Enclosed (made payable to MDS) Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

I understand that the participant mailing labels provided by The *Movement* Disorder Society are for **one-time use only**. **Under no circumstances may the list be duplicated.**

Signature: _____ Date: _____