



MAILING LIST LICENSE AGREEMENT

Company/Mailing list Licensee

Contact name and Title

Full Address

Telephone (required)

Fax number:

Email Address (required)

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7. Licensee agrees to pay prices based on current-year rates available at www.illinoispsychiatricsociety.org.
8. The Agreement, together with the mailing list order form attached hereto and incorporated herein, embodies the entire understanding between the parties relating to the subject matter.

Licensee's execution of this agreement below indicates acceptance of the above terms. Any questions regarding the mailing list may be directed to Kristen Malloy at 312-224-2600 or kmalloy@ilpsych.org.

Licensee signature

Date:

**Please return this license agreement, the order form, and a sample mailing piece to:
Illinois Psychiatric Society, 3111 43rd Street, Highland, Indiana 46322.**



Mailing Labels Order Form

Form and Payment must be received before labels are sent.

- Yes, I would like to purchase a set of mailing labels of the Illinois Psychiatric Society's membership.

Price: \$600 per set.

Number of sets: _____ **Total Amount Enclosed:** _____

Company: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Payment type: _____ **Check** _____ **Visa** _____ **MasterCard**

Card Number: _____ Ex. Date: _____ CVV: _____

Name on Card: _____

Signature: _____

Please mail this form along with payment to the IPS Office.

Make checks payable to: Illinois Psychiatric Society.
Please send payments to IPS, 3111 43rd Street, Highland, Indiana 46322.
For questions, contact Kristen Malloy at (312) 224-2600 or at kmalloy@ilpsych.org.