

Program Request Form

BAU Representative: _____

Client Information

Client Name: _____ Affiliation (FMO): _____
Company Name: _____ Phone: _____
Street Address: _____ Phone (Alt): _____
City: _____ State: _____ Zip: _____ E-mail: _____

Mailing List Criteria

Requested Quantity to Mail: _____ Target Age Range: _____ to _____
_____ mile radius around: _____ (specific address/location/zip)

List of Zip Codes, Demographics, & Additional Notes for Mailing List:

Mailing Class/Postage



Standard Stamp

PRESORTED STD
U.S. POSTAGE
PAID
WILMINGTON, NC
PERMIT NO. 1103

Standard Indicia



1st Class Stamp

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
WILMINGTON, NC
PERMIT NO. 1103

1st Class Indicia

Program Dates, Times, & Locations

1 Location: _____ Event Capacity: _____
Day: _____ Address 1: _____ Notes: (Related to this specific event/time/location)
Date: _____ Address 2: _____
Time: _____ City: _____ St: _____ Zip: _____

2 Location: _____ Event Capacity: _____
Day: _____ Address 1: _____ Notes: (Related to this specific event/time/location)
Date: _____ Address 2: _____
Time: _____ City: _____ St: _____ Zip: _____

3 Location: _____ Event Capacity: _____
Day: _____ Address 1: _____ Notes: (Related to this specific event/time/location)
Date: _____ Address 2: _____
Time: _____ City: _____ St: _____ Zip: _____

Additional notes or requests to be included on the mail piece:

Confirmation Calls: Y N

Envelope Return Address:

Return Address to be printed on mailing is same as the above Client Information
 Use this Return Address on the printed mailing
Client/Company Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____

Requested Mail Date: _____

Requested Samples: Y N
Quantity: _____

RSVP Number: _____
 This is a Client Provided Number

Invitation/Mailer Information:

Prints: 2-Color _____ & _____
 4-Color (CMYK)
Tickets: Y - # per Recipient: _____
 No Tickets

Notes or Instructions for Invite/Mailer Design (Specific paper color/size/fold/etc.):