
Procedure to Request Email or Postal Mailing Labels/Lists from the *NCSM* Membership List

**LAST DAY TO REQUEST LABELS/LISTS FOR MAILING RELATED TO THE
2018 ANNUAL CONFERENCE IS APRIL 2nd
(PLEASE ALLOW 48 HOURS FOR PROCESSING)**

Sponsors and other interested parties may request to purchase an email list or set of postal mailing labels of *NCSM* members or conference registrants. The cost of a list is:

- \$250 per set for non-profit organizations
- \$600 per set for commercial entities

Once the request has gone through an official review process, approval granted, **and payment received**, *NCSM* will provide either one set of peel-and-stick address labels or an electronic file, provided the recipient agrees to a single use for the stated purpose on the Mailing List Request Form. Elite Sponsors should use this form to request their complimentary lists.

Approved Label Usage Guidelines, Terms, and Conditions

NCSM reserves the right to reject any and all request.

- The lists can only be used to send the specific item that was approved.
- Data may be sent in an Excel document.
- The list cannot be used more than once; they can only be used for a single application.

Approval Criteria

The *NCSM Office* reviews all requests for mailing labels using the following criteria:

- Quality: the item is professional in content and appearance
- Usefulness: the information is of interest or is useful to *NCSM* members.
- Relevance: the item is related to the *NCSM* Mission and Vision
- Timing: the dates/times of events being promoted do not conflict with *NCSM* events.

- Content and Design Specifications
 - Proposed items cannot communicate specific, explicit, competitive, or adversarial references to another company/organization by name or to any specifically named product or service from another company/organization.
 - At no time shall the *NCSM* logo, name, or acronym be used without written agreement signed by the company/organization's representative and the *NCSM* Office.
 - Proposed items (design, content, copy, etc.) cannot appear to imply *NCSM's* advocacy or endorsement of any company/organization's product or service.

Approval Procedure

Complete the Mailing Label Request Form (pages 4-5 of this document) and send it along with a sample of the proposed item via email, fax, or U.S. mail to the *NCSM Office*:

- Email: office@mathedleadership.org
- US Mail: *NCSM* • 2851 S. Parker Road, Suite 1210, Aurora, CO 80114
- Fax: (303) 200-7099

Once *NCSM* has received your request form and sample, please allow 48 hours for approval.

Once your request is approved:

- The *NCSM Office* will send you an email confirming approval.
- After payment is received, *NCSM* will mail labels or email Excel spreadsheet; please allow 48 hours.
- Labels/Lists must be used in compliance with all guidelines presented above.

Liability

Companies/Organizations and their agents agree to indemnify and protect *NCSM* from all claims, actions, or expenses arising from the use of *NCSM* mailing labels. *NCSM* shall not be liable for any costs or damages if for any reason it fails to process a mailing label request.



Mailing Label/List Request Form

LAST DAY TO REQUEST LABELS FOR MAILING RELATED TO THE Washington, DC ANNUAL CONFERENCE IS MARCH 14th (PLEASE ALLOW 48 HOURS FOR PROCESSING)

Complete this form and return it along with a sample of the proposed item to be mailed to the *NCSM Office*. Use one of the following methods:

- Email: office@mathedleadership.org
- US Mail: NCSM • 2851 S. Parker Road, Suite 1210, Aurora, CO 80114
- Phone: (303) 317-6595 Fax: (303) 200-7099

Check One:	<input type="checkbox"/> NCSM Platinum Sponsor <input type="checkbox"/> NCSM Gold Sponsor <input type="checkbox"/> NCSM Silver Sponsor	This is # __ of 3 complimentary sets This is # __ of 2 This is # __ of 1	<input type="checkbox"/> For-Profit Organization (labels are \$600/set) <input type="checkbox"/> Not-for-Profit Organization (labels are \$250/set)
<input type="checkbox"/> Emails <input type="checkbox"/> Labels			

Company Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Contact Information

Contact Name: _____

Contact Title: _____

Billing Information

Billing Address 1: _____

Billing Address 2: _____

Billing City: _____

Billing State/Province: _____ Zip/Postal Code: _____ Country: _____

Billing Telephone: _____ Fax: _____

Billing Email: _____

Shipping Information (if applicable)

Ship to Person: _____

Ship to Address 1: _____

Ship to Address 2: _____

Ship to City: _____

Ship to State/Province: _____ Zip/PostalCode: _____ Country: _____

Ship to Telephone: _____ Fax: _____

Ship to Email: _____

Sponsorship Forms

Purpose and Description

Mailer Purpose: _____

(E.g. "to promote a workshop," "to invite Western Region 1 members to a breakfast," "to advertise a job opening," etc.)

Mailer Headline: _____

Mailer File Name: _____

(Indicate the name of the electronic file you are sending)

Targeted Audience for Requested Labels

Target Audience

All Members (between 2,000 and 2,500 labels)
 (Most members are from the U.S.A. and Canada although there are some members who live abroad)

Members from a particular set of a particular country(ies), state(s), province(s) or NCSM region
 (Number of labels varies).

Please specify _____

All Event Registrants for the following event:

_____ (Name of Event)

Mailing Specifications

Sort for Requested Labels

- In Zip Code order
- In Alphabetical order by Last Name
- Other – please specify

_____ Every effort will be made to accommodate your request.)

Delivery Format

Electronic Policy (by checking here, I agree to use this list for the stated purpose on this form for one use only.)

Note that the data is sent electronically.

Send to following email address:

Date List Needed: _____

I agree to use this list only once.

Payment Method

- Credit Card
 - MasterCard
 - Visa
 - Discover Card
- Check – please indicate check number: _____

Name on Credit Card: _____

Credit Card Zip Code: _____ **Expiration Date:** _____

Credit Card Number: _____

Signature _____ **Date:** _____

Print Name: _____