

SIR 2018 Attendee Mail List Order Form

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Exhibiting Company: _____ Booth #: _____

Check if information is for: Exhibiting Company Third Party 3rd Party Company (if applicable): _____

Contact Name: _____ Address: _____

City: _____ State/Country: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Order Your Attendee List	TOTAL
<input type="checkbox"/> 2017 Total attendees - \$0.18 per name (Shipped immediately upon receipt of prepaid order and contingent on data availability and quality control.)	\$
<input type="checkbox"/> 2018 Pre-registered attendees - \$0.18 per name (Shipped immediately upon receipt of prepaid order and contingent on data availability and quality control.)	\$
<input type="checkbox"/> 2018 Post-show attendee list - \$0.18 per name (Shipped immediately upon receipt of prepaid order and contingent on data availability and quality control.)	\$
<p>Select a Format:</p> <p><input type="checkbox"/> Mailing Labels - Pressure-sensitive (<i>Peel & Stick</i>)</p> <p><input type="checkbox"/> Email - Please Indicate <input type="checkbox"/> Excel <input type="checkbox"/> Delimited</p> <p>Please note: This data does not include phone numbers and email addresses per request of the Society of Interventional Radiology.</p> <p>All marketing publications must be approved by SIR prior to the purchase of an SIR 2018 Attendee Mail List. Please email your marketing publication to Susie Evenden at sevenden@SIRweb.org. Any questions, please contact her at (703) 460-5586.</p> <p style="text-align: right;">*\$20 charge only applies if mailing labels are selected.</p>	<p>Sub-Total \$</p> <p>Sales Tax \$ 9%</p> <p>Total \$</p> <p>*Shipping \$ 20</p> <p>Total with Shipping \$</p>

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Indicate Payment Method

- Check (Orders cannot be processed unless received with payment.)
- Visa MasterCard American Express DISCOVER

Signature: _____

Card #: _____ Exp: ____/____

For Assistance Contact:

Marie Zinnert
P: 888.270.8467
E: marie.zinnert@experient-inc.com

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