



AMERICAN ASSOCIATION OF PATHOLOGISTS' ASSISTANTS

2345 Rice Street • Suite 220 • St. Paul, MN 55113

Phone: (800) 532-AAPA or (651) 697-9264 • Fax: (651) 317-8048
info@pathologistsassistants.org • www.pathologistsassistants.org

Mailing Label Purchase Contract
to advertise a product/service

Company: _____ Date: _____

Contact's Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ Web Site: _____

Purpose for Labels/Intended Use: _____

Date Wanted: _____

Advertiser - Please sign and date this form and return to the AAPA Central Office (address above) with your payment. **Do NOT email your credit card information.** *Be sure to attach a sample of your mail piece to this contract for approval.*

Payment:

- Check enclosed payable to AAPA in the amount of \$275
- Add \$50 for expedited overnight processing and delivery
- Visa MasterCard American Express Discover
- Card Number: _____ Exp. Date: _____ Amt: \$ _____
- Name on Card: _____ Signature: _____
- Card's Billing Address: _____

**I UNDERSTAND THAT THIS IS A CONFIDENTIAL MEMBERSHIP LIST.
I AGREE THAT IT WILL ONLY BE USED FOR THE PURPOSE STATED ABOVE
AND THAT NO UNAUTHORIZED COPIES OF THIS LIST WILL BE MADE.**

Signature: _____ Date: _____

<i>For AAPA use only:</i>	
Request	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature: _____	Date: _____