

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • cjeanes@asmadocs.org

EMAIL BLAST ORDER FORM

Please TYPE or PRINT. Include a **phone number** in case there is a question about your order.

Date _____

NAME: _____

NAME/COMPANY/FACILITY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME & PHONE # OF PERSON PLACING ORDER: _____

Please send the exact email content to cjeanes@asmadocs.org. Images and attachments are possible but not recommended. In the space below, please tell us exactly who you would like targeted in the email blast. **We only provide information for MD/DO's** however; we can isolate by specialty, city, and a variety of other variables, feel free to email cjeanes@asmadocs.org for alternative options. A test version of the email will be sent to you before final mailing for approval. A redacted list of individuals included in your list can be provided as well.

Price:

Initial email set up and launch: \$100

Additional mailings: \$20 each

Recipient List: \$20

Total: _____

Please indicate payment below. **We now accept all major credit cards**

Check enclosed: # _____.

Card # _____ Exp. Date _____ CVS Code _____