



2005 WEB Mailing List Order and Payment Form

Direct Inquiries to:
Kathleen Y. Klein, Executive Director
Email: kathleen@webnetwork.org
1.888.795.6862 Toll Free; FAX: 202.318.8778
Website: www.webnetwork.org

PLEASE TYPE OR PRINT CLEARLY:

Company/Organization:
Address:
City, State, Zip:
Sponsor Contact's Name: Title:
Phone Number: Fax Number: E-mail:

Note: WEB's mailing list is available only in an electronic format. The completed Order Form and applicable payment must be received one month prior to the date the first mailing list is released.

Mailing List Order by 2005 WEB Partner, Sponsors, and Benefactors Only

My company/organization is: (Check appropriate response.)

- Annual Partner (Four mailing list uses)
Silver Sponsor (One mailing list use)
WEBA Sponsor (Three mailing list uses)
Bronze Sponsor (One mailing list use)
Platinum Sponsor (Two mailing list uses)
Job Bank Sponsor (One mailing list use)
Gold Sponsor (One mailing list use)
WEB Benefactor (One mailing list use)

Please specify the date by which the Membership List (s) should be sent. All dates must include month/date/year.

First Use Second Use
Third Use Fourth Use

Send the mailing list(s) to (Name) at this e-mail address:

All Other Mailing List Orders

WEB's Member Mailing List is available to other organizations for marketing purposes. WEB Partners, Sponsors, and Benefactors are eligible to purchase uses of WEB's mailing list in addition to those included among Partner, Sponsor, and Benefactor benefits.

Order

use(s) of the electronic WEB member mailing list X \$750 = \$
Total Amount Due \$

Please specify the date by which the Membership List (s) should be sent. All dates must include month/date/year.

First Use Second Use
Third Use Fourth Use

Send the mailing list(s) to (Name) at this e-mail address:

Payment for WEB Mailing List Use: Full payment must accompany the completed Order Form unless the company/organization is applying for use of the membership mailing list(s) as stipulated within the benefits description of 2005 WEB Partner, Sponsor, or Benefactor.

Total Amount Due: \$ Check Enclosed (payable to Worldwide Employee Benefits Network)
WEB Tax ID # 52-1360024 I authorize WEB to charge \$ to my Visa MasterCard American Express

Card Number: Card ID Number: Expiration Date:
Authorized Signature: Cardholder's Name:

On behalf of the Above Named Company, having read and agreed to the terms and conditions expressed herein, I contract for the use of the WEB member mailing list.

Company Representative: Title: Date:

Send the completed contract and payment to: Kathleen Y. Klein; WEB Executive Director; 5831 E. University Blvd., #D; Dallas, TX 75206. Or, fax completed Order Forms with credit card payments to Kathleen Klein at 202.318.8778.