



Concierge Order Form 1



CONTACT INFORMATION

Company:		Broker/Dealer (if applicable):	
Advisor Name:		E-Mail:	
Additional Participant:		E-Mail:	
Assistant Name:		E-Mail:	
Address:			
City:	State:	Zip:	+4:
Phone:	Fax:	Cell:	

Payment Note: RME will send you an invoice when list selections are placed. Payment is due 5 days before mail date.

YOUR MARKETING PACKAGE Preview samples at www.seminarsuccess.com/sampleinvites.htm

<input type="checkbox"/> New Order <input type="checkbox"/> Same as previous order <input type="checkbox"/> Same as previous order , but new invitation package			
Invitation Form #:	Inserts:	<input type="checkbox"/> Bio Card	<input type="checkbox"/> Other
Envelope Color:			
Envelope Size:	Live Samples:	Qty 5 - 10 live samples included. Additional fees for 25+.	
Envelope Style:	Blank Samples:	Qty Additional fees apply	
Quantity:	Premiums:	Additional cost may apply	

RETURN ADDRESS

<input type="checkbox"/> Same as above, if not please fill out below.		
Address:		
City:	State:	Zip:

POSTAGE

<input type="checkbox"/> Standard - standard invitation packages include 3 rd class postage.	<input type="checkbox"/> 1st Class Mail - Additional fee will apply
<input type="checkbox"/> Other:	<input type="checkbox"/> Enhanced Option - Live Stamp - Additional fee will apply and requires a return address.

INTERNAL USE ONLY

BMS ID:	RSVP #:	Concierge: 800-364-3238
Split:	Mail Date:	
Bus Div:	Notes:	
RTB:	Sales Initials:	

Questions? Call Your Marketing Representative at 1-800-795-2773



Concierge Order Form 2



Please select your mailing type(s):

CONCIERGE MAILING

Restaurant: _____ Restaurant Website: _____

Address: _____

City: _____ State: _____

Lunch – Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

Dinner – Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

Restaurant: _____ Restaurant Website: _____

Address: _____

City: _____ State: _____

Lunch – Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

Dinner – Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

Restaurant: _____ Restaurant Website: _____

Address: _____

City: _____ State: _____

Lunch – Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

Dinner – Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

GIFT CARD MAILING

Gift Card Amount \$ _____

Restaurant 1: _____ Restaurant 1 Website: _____

Restaurant 2: _____ Restaurant 2 Website: _____

Restaurant 3: _____ Restaurant 3 Website: _____

Please select the type of appointments you would like to make:

OFFICE APPOINTMENT

Office Address: _____ Same as Order Form 1

City: _____ State: _____ Zip: _____

Morning Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

Afternoon Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

HOUSECALL APPOINTMENT

Morning Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

Afternoon Meeting Time: - Mon Tues Wed Thurs Fri Sat Sun

AVAILABILITY Please indicate any specific days you CANNOT meet. Unless blocked, prospects will book appointments on holidays.

E-mail address for Appointment Notifications: _____

Telephone Number: _____

NOTE: This number would be used for prospects to call with questions or to change a meeting time.



Concierge 2.0 Order Form 3



PRESCREENING QUESTIONS

IMPORTANT: This will give you a better understanding of your prospect needs before you meet with them. It is your responsibility to get compliance approval for any telephony script prior to mailing. Adjusting script after a mailing has been executed will incur an additional fee.

Preferred Name(s): _____

Name Phonetics: _____

Survey Options:

Number of Questions to be asked (*Additional fees apply)

up to 3 up to 5* up to 7*

Reservation
Question:

Are you bringing a guest?

NOTE: Adding this question does not count towards your total number of questions.

Information
Gathering
Questions:

NOTE: For any disqualifying questions selected, please indicate in "Notes" below what answer will disqualify the caller.

Order

Disqualifier

"Are you currently working with a representative at _____ (your company)?"

NOTE: It is your responsibility to get compliance approval for any telephony script prior to mailing.

"And my last question is in regards to the amount of your current investments and savings: Would you estimate that you have more or less than \$_____ dollars invested?"

Select the minimum amount required to set an appointment.

Is there a particular topic that you would like _____ (Advisor First Name) to discuss with you at the dinner meeting?

Are you the sole financial decision maker in your household?

On a scale of 1 to 5, with 1 being very poor and 5 being excellent, how would you rate your current financial planning situation?

What is your biggest financial concern?

What one thing do you think can be done to improve your current financial plan?

When do you plan to retire?

Do you have any IRAs, CDs, mutual funds, stocks or bonds?

Do you own a business?

Do you currently have a Financial Advisor?

Are you currently using your investments to provide income?

Are you concerned about out-living your assets?

Are you satisfied with the current level of service and advice you are getting from your present financial advisor?

Do you currently have a financial Advisor that YOU ARE HAPPY WITH?

Are you open-minded to new ideas and changes if shown to be in your best interest?

Are you concerned about losing money in the stock market, declining interest rates, or protecting your assets?

Notes:

INTERNAL USE ONLY

Use Existing Script:

Note: Please provide Existing Script Name



Concierge Mailing List Research



Company: _____

Primary Contact: _____

LIST RESEARCH CRITERIA

Age: _____ to _____ Household Income: \$ _____ to \$ _____ OR _____

\$30K+ \$40K+ \$50K+ \$60K+ \$70K+

\$80K+ \$90K+ \$100K+ \$125K+ \$150K+

SPECIAL FILTERS (May incur additional cost)

Homeowner Net Worth: \$ _____

Loan to Value: \$ _____ Income Producing Assets: \$ _____

Home Value: \$ _____ Phone #'s (Requires SAN #): _____

Other: _____

ZIP CODES (We recommend doing an initial radius search for your first list research report.)

Radius Search: Provide only 1 zip code 5 Miles 10 Miles 15 Miles 20 Miles

25 Miles Out far enough to reach qty _____

Zip Search: Provide zip codes for your mailing area _____

Desired mailing quantity (Required): _____ Invoicing will occur once final quantity is determined

ADDITIONAL SERVICES

Client Provided Add List Client Provided Delete List Dedupe Request

Delete Previous Seminar Responders Corporate Level List Scrub

NOTES/INSTRUCTIONS:

DISCLAIMER NOTICES

By placing this order I acknowledge RME is NOT responsible for cross-over mailings between planners. We CANNOT check other zips being mailed and do not offer exclusive territories. Census tracts and other variables that make up a formula compile all major national lists. Lists are NOT 100% accurate because all information and demographics are inferred. Deliverability and accuracy can be anywhere in the 95% to 97% ratio. Lists rarely encompass 100% of the population of the zip codes. Like any other media RME does not guarantee direct mail results.

By placing this order I acknowledge and agree that RME, LLC. does not guarantee response rates, results, or delivery by the USPS. I will not hold RME, LLC. liable for mail which is delayed due to my lack of payment, written approvals or the inability of the USPS to deliver the mail for any reason including weather related delays.

By placing this order as a representative of my company, I/we agree to not duplicate in any way or form The Concierge Consultation Program, concept or any of its components protected under intellectual property of RME, LLC. © 2010.

Compliance Disclaimer: By placing this order Response Mail Express, (RME, LLC.), requires all clients to confirm, accept and verify that it is their responsibility to secure all industry related compliance approvals for any and all promotions and to meet or exceed all standards of ethical business practices when working with seniors. Clients further agree to hold RME, LLC. harmless for any and all fines, infractions or violations of the law regarding any and all direct marketing promotions. Client also agree that they are solely responsible for any costs incurred for this mailing.

Questions?

Call Your Marketing Representative at
1-800-795-2773

Customer Signature _____

Date _____