

ORDER FORM 1

Payment Information



DO NOT WRITE IN THIS BOX
JOB # _____
ACCT# _____
MAIL DATE _____

IMPORTANT: Forms must be completed and faxed to us a minimum of 35 days prior to your 1st seminar date. 45 days for West Coast.

Broker/Agent: _____ Title(s) _____ E-mail: _____
Primary Contact: _____ Title(s) _____ E-mail: _____
Additional Participant: _____ Title(s) _____ E-mail: _____
Company _____
Address _____ Suite/Bldg. _____
City _____ State _____ Zip _____ Website: _____
Phone #: (____) _____ Fax #: (____) _____ Cell #: (____) _____
Planner's Assistant Name _____ Phone # (____) _____ x _____ E-Mail: _____

YOUR REQUIRED FULL PAYMENT INFORMATION MUST BE RECEIVED 5 DAYS IN ADVANCE OF MAIL DATE

Number of pieces mailed	Rate per piece	Total

Florida Residents must add Sales Tax of 6% PLUS you're County Surtax.

Make check payable to: **Response Mail Express**
ATTN: _____ @ 4910 Savarese Circle, Tampa, FL 33634

If there are any changes to billing after submitting this completed form, an invoice will be sent for cardholder's signature.

Debit Card: MC Visa **OR Credit Card:** MC Visa AMEX EZ-Pay (please one)

Card #: _____ Exp. Date: _____
3-Digit Security Code: _____ (required to process credit card payment) **Amount: \$** _____

Actual Cardholder's Name: _____ Signature: _____ (Required)

Statement Billing Address for Card: Same as above address (If different, please fill out below)

Name: _____ Company: _____
Address: _____ City: _____ St: _____ Zip: _____

Additional Participant's Payment Info: Same billing address as above (If different, please fill out below)

Debit Card: MC Visa **OR Credit Card:** MC Visa AMEX EZ-Pay (please one)

Card #: _____ Exp. Date: _____
3-Digit Security Code: _____ (required to process credit card payment) **Amount: \$** _____

Actual Cardholder's Name: _____ Signature: _____ (Required)

Statement Billing Address for Card: Same as above address (If different, please fill out below)

Name: _____ Company: _____
Address: _____ City: _____ St: _____ Zip: _____

Is a 3rd party paying for the whole mailing? Yes No Part of the mailing? Yes No if yes to either **please fill out below:** Amount? \$ _____

Name: _____ Title(s) _____ E-mail: _____
Company _____
Address _____ Suite/Bldg. _____
City _____ State _____ Zip _____ Website: _____
Phone #: (____) _____ Fax #: (____) _____ Cell #: (____) _____

DISCLAIMER: By signing this form as a representative of my company, we/I agree to not duplicate in any way or form the Seminar Success Mailing Program, concept or any of its components protected under intellectual property of RME © 2007.

Phone 800-795-2773

Your National Accounts Manager: _____

ORDER FORM 2

Seminar Mailing Data

Seminar Dates & Locations



For [Restaurant Locator Information](#) please see your [Financial Seminar Planning Tool Kit](#).

IMPORTANT: Forms must be completed and faxed to us a minimum of 35 days prior to your 1st seminar date. 45 days for West Coast.

SEMINAR DAY: _____ DATE: _____ START TIME: _____
 RESTAURANT: _____ MEAL: Lunch or Dinner or OTHER: _____
 Use Restaurant Logo? Yes or NO Restaurant Website: _____
 ADDRESS: _____ CITY: _____ ST: _____

SEMINAR DAY: _____ DATE: _____ START TIME: _____
 RESTAURANT: _____ MEAL: Lunch or Dinner or OTHER: _____
 Use Restaurant Logo? Yes or NO Restaurant Website: _____
 ADDRESS: _____ CITY: _____ ST: _____

SEMINAR DAY: _____ DATE: _____ START TIME: _____
 RESTAURANT: _____ MEAL: Lunch or Dinner or OTHER: _____
 Use Restaurant Logo? Yes or NO Restaurant Website: _____
 ADDRESS: _____ CITY: _____ ST: _____

SEMINAR DAY: _____ DATE: _____ START TIME: _____
 RESTAURANT: _____ MEAL: Lunch or Dinner or OTHER: _____
 Use Restaurant Logo? Yes or NO Restaurant Website: _____
 ADDRESS: _____ CITY: _____ ST: _____

PLEASE CHOOSE YOUR SEMINAR MARKETING PACKAGE

Seminar Presenter's Name(s) _____ & Title(s): _____

Use same **invitation style package** as previous order? Yes or No

To Preview color samples visit: <http://www.seminarsuccess.com/sampleinvites.htm>

If no, please your new invitation package below:

- | | |
|---|--|
| <input type="checkbox"/> Full-View Window Invitation (#10 size env.) | <input type="checkbox"/> Traditional Wedding Style Invitation (6x9 env.) |
| <input type="checkbox"/> Priority Express Invitation (6x9 env.) | <input type="checkbox"/> Full-View Wedding Style Invitation (6x9 env.) |
| <input type="checkbox"/> Priority Express Full-View Window Invitation (#10 size env.) | <input type="checkbox"/> Xpress-A-Lope Invitation (6x9 env.) |

Enhanced Option - Includes: Live Stamp, Return Address, No Optional Endorsement only available on Traditional Wedding or Xpress-a-lope Package (Addition charges may apply).

Please provide Form # _____ & Envelope # _____

Phone 800-795-2773
 Your National Accounts Manager: _____

ORDER FORM 3

Response Information



IMPORTANT: Forms must be completed and faxed to us a minimum of 35 days prior to your 1st seminar date. 45 days for West Coast.

REPLY CARD INFORMATION

Do you have a **BRC-Business Reply Permit** (You pay postage)? If yes, select BRC box below.
If not, choose a **CRC-Courtesy Reply Card** and your prospects will have to use their **own** stamp (no Permit required).

PLEASE **ONE:** BRC-Business Reply Card or CRC-Courtesy Reply Card or No Reply Card

Company Name for RSVP Card: _____

ATTN: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Add Email Address line on reply card for **attendee's** email address? Yes or No

Your Business Reply Mail Permit #: _____ Your Business Reply Mail Zip +4: (required for BRC) _____

Your Business Reply Mail City _____ & State of Origin: _____

I'm using my own R.S.V.P. Phone Number? Yes or No if yes provide phone #: _____

I'm using RME's Reservation Service: Yes or No If yes provide phone number: _____
(Leave blank if you don't know RME's RSVP #.)

How many RSVP's per Seminar Date: 1. _____ 2. _____ 3. _____ 4. _____

Note: Do you have a contingency date (for back-up or overflow)? Yes or No if yes, please give:

name _____, address _____,

Date _____ and time _____ information. **Instructions:** _____

What date do you want us to begin offering the Contingency Date? _____

PLEASE FILL OUT THE NEXT SECTION ONLY IF YOU ARE USING RME'S RESERVATION SERVICE

RME'S SEMINAR RESERVATION SERVICE: Yes or No

All RSVP's will be accessible via the Internet. You will be contacted **via email** with your access information.

Maximum number of attendees your room can hold per seminar date:

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ please provide your email address: _____

REMINDER CALL SERVICE Yes or No

Live calls will be made starting 72 hours before the each seminar to each person who has registered to attend. Three (3) attempts will be made to personally contact each person, live, before a voice-mail message is left (if possible).

ADDITIONAL SERVICES

(May incur additional costs, please contact your Seminar Consultant for more information.)

GIVEAWAYS/INCENTIVES: Scratch Off Game Cards - Yes or No

You Choose & Go Vacation Vouchers - Yes or No

1st Class Mail (additional cost .10/pc.) Standard Invitation Package includes bulk rate postage.

Phone 800-795-2773

Your National Accounts Manager: _____

