



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: Kara Bishop**
PO Box 261237, Tampa, FL 33685-1237

Sending Overnight Send to: 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/part of mailing? Yes No if yes 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 © 2008 and authorize Response Mail Express to charge your credit card for services provided.

Phone 800-795-2773

National Accounts Manager: Mark Gaffney x5327*Fax (813) 889-4540/mgaffney@responsemail.com

Production Coordinator: Kara Bishop x 5486*Fax 813-889-4518/kbishop@responsemail.com



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 type into you're browser: <http://www.seminarsuccess.com/sampleinvites.htm>

If no, please your new invitation package below:

- Full-View Window Invitation (#10 env.)
- Priority Express Invitation (6x9 env.)
- Priority Express Full-View Window Invitation (#10 env.)
- Other: _____
- Enhanced Option (additional cost) Enhanced Includes: Live Stamp, Return Address, No Optional Endorsement. Available for Traditional Wedding & Express-A-Lope Invitation only
- Traditional Wedding Style Invitation (6x9 env.)
- Full-View Wedding Style (6x9 env.)
- Xpress-A-Lope Invitation (6x9 env.)

Provide Form # _____ & Envelope # _____

Premium Package Choice Option: Black/Gold Package, Blue Package, Yellow Package (One)

To Preview Premium Package color samples type into your browser: <http://www.seminarsuccess.com/premium/premiuminvites.htm>

Compliance Disclaimer: By placing this order you understand and accept all responsibility for securing all industry related compliance approvals for this promotion and agree to hold Response Mail Express (RME) harmless for any and all fines, infractions or violations of the law regarding this direct marketing promotion.

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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 .15/pc.) Standard Invitation Package includes bulk rate postage.

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MAILING LIST RESEARCH



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.

Your Name: _____ Your Title: _____

You're Company: _____

Your Phone #: (____) _____ Your Fax #: (____) _____ Your Cell #: (____) _____

Which Email Address (es) do you want the mailing list research sent to? _____

Your Seminar Dates: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____

SECTION 1 - LIST RESEARCH

Please fill out this section for your List Research and submit by fax or email. We will return your counts per your criteria below.

Please fill in the desired Age _____ TO _____

Household Income: \$30K+, \$40K+, \$50K+, \$75K+, \$100K+, \$125K+, \$150K+ **OR**

Household Income Range: \$30K-\$39,999+, \$40K-\$49,999, \$50K-\$74,999, \$75K-\$99,999, \$100K-\$124,999,

\$125K-\$149,999 **OR** Yes or No Other Income Range \$ _____

Yes or No-Net Worth \$100K+ \$150K+ \$250K+ \$500K+ \$750K+ \$1mm+ (may incur optional cost)

Yes or No-Definite Homeowner (may incur optional cost)

Yes or No-Phone # (where available) Requires SAN # (may incur optional cost): _____

Yes or No-Other (may incur optional cost) _____

We recommend doing an initial radius search for your first list research report.

Provide only 1 zip code for Radius Search: _____

Radius Count Miles from: 5 10 15 20 25, Out far enough to reach quantity **OR**

Provide at least 5 zip codes from your mailing area: _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____, _____

SECTION 2 – FINAL LIST ORDER & INSTRUCTIONS

After receiving your List Research, complete your order by circling the zips and quantities on the list research pages or providing instructions in the section below and faxing them back with your complete order forms and invitation text.

This constitutes your order. **Final number to mail (Required):** _____, **List Research # for Reference:** _____

Additional List Service (May incur additional cost): Additions, Delete List, Dedupe Request, Sending to Corporate for Scrubbing

NOTES/INSTRUCTIONS: _____

Signature (Required): _____ By signing this I have read and understand all information on this form and authorize the list to be ordered.

How to find maps of zip codes in your area or to find all zip codes for a particular city refer to your Financial Seminar Planning Tool Kit.

NOTE: RME is **NOT** responsible for cross-over mailings between planners. As a representative of my company, we 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 ©2008. 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.

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