



www.seminarsuccess.com/lifestar

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

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

Number of pieces mailed	Rate per piece	Total

Florida Residents must add Sales Tax of 6%

Make Check payable to: Response Mail Express
4910 Savarese Circle, Tampa, FL 33634
ATTN: Judith Diaz

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

Debit Card: MC Visa **Credit Card:** MC Visa AMEX Amount: \$ _____
Card #: _____ Exp. Date: _____
Actual Cardholder's Name: _____ Signature: _____

Statement Billing Address for Card:
 Same as above address

If different, please fill out below:

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

Fill out only if applicable:

Additional Participant's Payment Info:
 Same billing address as above

If different, please fill out below:

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

Debit Card: MC Visa **Credit Card:** MC Visa AMEX Amount: \$ _____
Card #: _____ Exp. Date: _____
Actual Cardholder's Name: _____ Signature: _____

Fax to 813-883-3562
Call Scott Kasprzyk x5538 or Judith Diaz x5259
1-800-795-2773



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ORDER FORM 2

Seminar Mailing Data

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 DATES AND LOCATIONS

SEMINAR DAY: _____	DATE: _____	LOCATION: _____
Use Restaurant Logo <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant Website: _____		
ADDRESS: _____	CITY: _____	STATE: _____
START TIME: _____	<input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> OTHER _____	
SEMINAR DAY: _____	DATE: _____	LOCATION: _____
Use Restaurant Logo <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant Website: _____		
ADDRESS: _____	CITY: _____	STATE: _____
START TIME: _____	<input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> OTHER _____	
SEMINAR DAY: _____	DATE: _____	LOCATION: _____
Use Restaurant Logo <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant Website: _____		
ADDRESS: _____	CITY: _____	STATE: _____
START TIME: _____	<input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> OTHER _____	
SEMINAR DAY: _____	DATE: _____	LOCATION: _____
Use Restaurant Logo <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant Website: _____		
ADDRESS: _____	CITY: _____	STATE: _____
START TIME: _____	<input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> OTHER _____	

PLEASE CHOOSE YOUR SEMINAR MARKETING PACKAGE

Use same invitation content/text as last order or previous Job # _____. Yes No
If no, please fax or email new invitation content with order forms.

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

Use same invitation style package as previous order. Yes No **If no**, please choose your new invitation package below.

- | | |
|---|---|
| A <input type="checkbox"/> Full Window Invitation (#10 size env.) | D <input type="checkbox"/> Traditional "Wedding" Style Invitation (6x9 env.) |
| B <input type="checkbox"/> Priority Express Invitation (6x9 env.) | E <input type="checkbox"/> Express-A-Lope Invitation (6x9 env.) |
| C <input type="checkbox"/> Priority Express Full Window Invitation (#10 size env.)
1206 NDE / PR999 (Blue/Orange) | F <input type="checkbox"/> Enhanced Option (additional cost)
Enhanced Includes: Live Stamp, Return Address, No Optional Endorsement. Available for Traditional & Express-A-Lope Invitation only |

Form # _____

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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.

A

REPLY CARD INFORMATION

Do you have a Business Reply Permit? You will have to open an account at the Post Office to get a reply permit to use a BRC. Without a Permit, you must use a CRC and your prospects will have to use their own stamp.

PLEASE CHECK ONE: BRC - Business Reply Mail Card (You pay postage)
 CRC - Courtesy Reply Card (Customer places stamp – no Permit required)

Company Name for RSVP Card: _____

ATTN: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Your Business Reply Mail Permit #: _____ 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: (_____) _____

I'm using RME's Reservation Service: (_____) _____ (leave blank if you don't know RME's RSVP #)

Add Email Address line on reply card for attendee's email address

B

ADDITIONAL SERVICES

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

GIVEAWAYS/INCENTIVES: (200) Scratch Off Game Cards Yes No
(40) Get Up & Go Vacation Vouchers Yes No

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

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

RME's SEMINAR RESERVATION SERVICE

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

Maximum number of attendees per seminar date: 1st. _____ 2nd. _____ 3rd. _____ 4th. _____

Your email address: _____

REMINDER CALL SERVICE

Live calls will be made 72 hours before the 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).

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1-800-795-2773



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 Company: _____
Your Phone #: (____) _____ Your Fax #: (____) _____ Your Cell #: (____) _____
Your Email Address: _____

Your Seminar Dates: _____

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 and Household Income below:

Age: _____ to _____

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

\$30K-\$39,999 \$40K-\$49,999 \$50K-\$74,999 \$75K-\$99,999 \$100K-\$124,999 \$125K-\$149,999

Net Worth (optional cost) _____ **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:

Zip code to use as epicenter to run Radius Count from: _____ Miles _____

OR

Provide at least 5 zip codes from your mailing area:

SECTION 2 – FINAL LIST ORDER AND 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 completed order forms and invitation text. This constitutes your order.

TOTAL QUANTITY TO MAIL (REQUIRED): _____

NOTES/INSTRUCTIONS: _____

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