

# 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 1<sup>st</sup> 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: Elisa Herndon @ 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  Discover  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  Discover  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**

**National Accounts Manager: Brenda O'Donnell X5263\*Fax 813-883-3526 / [bodonnell@responsemail.com](mailto:bodonnell@responsemail.com)**

**Production Coordinator: Elisa Herndon X5267\*Fax 813-883-3554 / [herndon@responsemail.com](mailto:herndon@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 1<sup>st</sup> 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:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>A</b> Full Window Invitation (#10 size env.)   | <input type="checkbox"/> <b>D</b> Traditional "Wedding" Style Invitation (6x9 env.)  |
| <input type="checkbox"/> <b>B</b> Priority Express Invitation (6x9 env.)   | <input type="checkbox"/> <b>E</b> Express-A-Lope Invitation (6x9 env.)   |
| <input type="checkbox"/> <b>C</b> Priority Express Full Window Invitation (#10 size env.)<br>1206 NDE or 1108NDE / PR999 (Blue/Orange) | <input type="checkbox"/> <b>F</b> Enhanced Option Includes: Live Stamp, Return Address, No Optional Endorsement only available on Package D or E (Addition charges may apply). |

Please provide which 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>

Other: \_\_\_\_\_

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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 1<sup>st</sup> 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:

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_ 4<sup>th</sup>: \_\_\_\_\_ 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

Get Up & Go Vacation Vouchers -  Yes or  No

1<sup>st</sup> Class Mail (additional cost .10/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 1<sup>st</sup> 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:** 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_ 4<sup>th</sup>: \_\_\_\_\_

## 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 ©2007. 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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