

Client Program Request Form

Client Information

Client Name: _____ Affiliation (FMO): _____
Company Name: _____ Phone: _____
Street Address: _____ Phone (Alt): _____
City: _____ State: _____ Zip: _____ E-mail: _____

Mailing List Criteria

Requested Quantity to Mail: _____ **Mailing Class:** Standard First Class
_____ mile radius around: _____ (specific address/location/zip) Homeowner: Yes No
List of Zip Codes, Income Range, Other Demographics, & Additional Notes for Mailing List: _____ Target Age Range: _____ to _____
Home Value: _____ to _____
Income (optional): _____ to _____

Program Dates, Times, & Locations

1 Location: _____ Event Capacity: _____
Day: _____ Address 1: _____ Notes: (Related to this specific event/time/location)
Date: _____ Address 2: _____
Time: _____ City: _____ St: _____ Zip: _____

2 Location: _____ Event Capacity: _____
Day: _____ Address 1: _____ Notes: (Related to this specific event/time/location)
Date: _____ Address 2: _____
Time: _____ City: _____ St: _____ Zip: _____

3 Location: _____ Event Capacity: _____
Day: _____ Address 1: _____ Notes: (Related to this specific event/time/location)
Date: _____ Address 2: _____
Time: _____ City: _____ St: _____ Zip: _____

Envelope Return Address:

Return Address to be printed on mailing is same as the above Client Information
 Use this Return Address on the printed mailing
Client/Company Name: _____
Address Line 1: _____
City: _____ State: _____ Zip: _____

Invitation/Mailer Information: Please Provide Any Notes or Instructions for Invite/Mailer Design, Specific Requests, Requirements, Host/Guest Speaker Information, Disclosure etc.