



LIST OF ATTENDEES ORDER FORM
September 21-24, 2016
Phoenix, AZ

Please send us the list of 2016 conference attendees. We understand that the cost of \$500 must be prepaid before receipt of the list. A sample of the mailing piece must be included with this application for approval.

I. List will be emailed in Excel format.

E-mail address: _____

II. Delivery Date (If no date is specified, delivery will be AFTER the meeting.)

TOTAL AMOUNT ENCLOSED \$ _____

Gerontological Advanced Practice Nurses Association *Tax Identification Number 93-0832304*

We understand that the list is for one-time use only. It is offered for sale only to exhibitors at the 2016 Conference. The list will be delivered to you after the Conference unless otherwise requested.

Company _____

Address _____

City, State, Zip _____

Telephone _____ Title _____

Name _____

Signature _____

Pay by Credit Card:	
<input type="checkbox"/> American Express	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Print Name on Credit Card	
Credit Card Number	
Expiration Date	Charge Amount
Security Code (see back of card)	
Card Holder Signature	

Send completed contract to:

Sharon Y. Hampton
c/o Anthony J. Jannetti, Inc.
East Holly Avenue, Box 56
Pitman, NJ 08071-0056
Fax: 856-589-7463
 sharon.hampton@ajj.com