



Seminar Order Form

800-570-1732

CONTACT INFORMATION

Company:		
Primary Contact:	E-Mail:	
Additional Participant:	E-Mail:	
Assistant Name:	E-Mail:	
FMO:		
Address:		
City:	State:	Zip:
Phone	Fax:	Cell:

YOUR MARKETING PACKAGE

Same as previous order				
Same as previous order , but new invitation package				
Invitation:	Letter	Postcard	Fold-Over Invite	Other
Inserts:	Bio Card		Tickets: 4* 2 0	<small>*4 tickets are recommended</small>
Affiliations (BBB, NEB, etc.)			Blank Samples:	Qty <small>Additional fees for more than 30.</small>
Quantity to mail:				

Event Info	Date	Start Time	Restaurant:		
MON			Address:		
TUES*			City:	ST:	Zip:
WED			Restaurant Website:		
THURS*					
FRI			Room Capacity:		
SAT					

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RESERVATION SERVICE

ZipTek Services' Event Reservation Service

All RSVPs will be accessible via the internet. You will be contacted via email with your access information.

Email Address: _____

ZipTek Services' Confirmation Call Service

Live calls will be made starting 48 hours before each event to each person who has registered to attend.

My Own Reservation Number: _____

LIST RESEARCH CRITERIA

Age:	to	Household Income: \$	to \$	OR		
		\$30k+	\$40k+	\$50k+	\$60k+	\$70k+
		\$80k+	\$90k+	\$100k+	\$125k+	\$150k+

SPECIAL FILTERS *(May incur additional cost)*

Homeowner	Net Worth: \$
Loan to Value: \$	Income Producing Assets: \$
Home Value: \$	Phone #'s:
Do-Not-Mail List:	Suppress Previous Reservations
Other:	

ZIP CODES

Radius Search: Provide only 1 zip code	5 Miles	10 Miles	15 Miles	20 Miles
	25 Miles	Out far enough to reach quantity		

Zip Search: Provide zip codes for your mailing area

Desired Mailing Quantity (Required): _____ Invoicing will occur once final quantity is determined

MENU INFORMATION

Do you want the RSVP service to take the entrée choices? Yes No
 Menu Choices: _____

PLEASE CHECK ONE OF THE OPTIONS BELOW

Charge Card on File Faxing Invoice Check Other _____