



SOCIETY FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE  
100 NORTH 20<sup>TH</sup> STREET 4<sup>TH</sup> FLOOR, PHILADELPHIA PA 19103  
PHONE: 866-237-9542 FAX: 215-545-8107 EMAIL: INFO@SSWLHC.ORG

## MAILING LIST RENTAL ORDER FORM

**The membership list consists of approximately 500 names.**

**The renter of list will be required to submit an electronic copy of the material for which the list will be used.**

**SSWLHC reserves the right to deny rental requests that are in conflict with the interests of the SSWLHC.**

**The list may not be used to promote conferences, seminars or other continuing education programs dealing with social work issues.**

**This list may be used for one promotional eBlast. If you would like to send out an addition promotional email, the renter will need to purchase an additional list.**

**Rental Fees. The fee for the one-time use of the mailing list is \$550.00.**

**Renter Information.**

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Payment Information.** Check one.

Check Enclosed

Amount \_\_\_\_\_

- Make payable to SSWLHC
- Tax ID Number 23-3100897

Visa  MC  AMEX Exp. Date \_\_\_\_\_

Account Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Card:

\_\_\_\_\_

Signature:

\_\_\_\_\_

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