



your marketing connection

EMERALD MAIL DIRECT

EMERALD RSVP Order Form

Contact Information

Agent Name: _____ Email Address: _____

Company Name: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

User Name: _____ Password: _____

FOR OFFICE USE ONLY

Sales Rep

Lead #

Corp. Code

Script Choice: Option B only

Mailing Date: _____ Attendees per mail piece: 1 2 3 4

Confirmation Call Yes No Days Prior 1 2 3 4 Number of Meetings 1 2 3 4

..... See Seminar Location Form for meeting details

Location Zip Code (for map) _____ Location Phone Number _____

Age Limit _____ Gender Limit _____

How long will meeting last

Meal Time Before Seminar After Seminar N/A Other _____

General meal description

Menu items for meal selection

Special Instructions for Meeting

Payment Information

Credit Card: American Express

MasterCard Visa Discover

Amount \$ _____

Card #: _____

Expiration Date: _____

Signature: _____

Print Name: _____

Credit Card: American Express

MasterCard Visa Discover

Amount \$ _____

Card #: _____

Expiration Date: _____

Signature: _____

Print Name: _____