



OTAC Mailing Label/Contact Rental Order Form

Contact Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

OTAC Customer Number: _____

Choice of Label/Contact Format:

_____ Pressure Sensitive (Self-Adhesive) Printed in Zip Code Order (*\$15.00 shipping and handling fee applies*) (Shipping via USPS)

_____ Email to Mailing House in Excel Format Upon Approval

Mailing House Email: _____

OTAC Label Fee

___ OTAC member fee: \$.08 per contact

___ Non OTAC member fee: \$.12 per contact

Member Contacts: Please Indicate Which Geographical Area Desired*

___ OTAC members statewide

___ OTAC members by region

Region No(s). _____ (See attached Region Count and map)

Nonmember Contacts: Please Indicate Which Geographical Area Desired*

___ Non-member statewide

___ Non-members by region

Region No(s). _____ (See attached Region Count and map)

Please Note:

*OTAC is not responsible for out-of-date address information.

A sample of your mailing and payment is required to process your order.

Please allow 7 business days from date of receipt of this form with sample and payment.

For your order to be processed you must agree to the following:

- A. The mailing will be the printed materials enclosed or attached including the envelope (finished copy).
- B. The contact information will be used one time and only for this mailing and will not be copied or otherwise duplicated or shared with any other individuals or entity.
- C. The mailing will not indicate endorsement or sponsorship by OTAC or directly or indirectly indicate a relationship with OTAC without prior written approval from the Executive Director.

I AGREE TO ALL PROVISIONS LISTED

Signed _____ Date _____

Total Number of Contacts Purchased: _____ x \$.08/members or \$.12/nonmembers

\$ _____

Shipping and Handling Fee (\$15.00)

\$ _____

(if purchasing Pressure Sensitive/Self-Adhesive labels)

Total:

\$ _____

Payment Options: check one			
<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX
Credit Card Number _____			
Exp Date _____		VCode _____	
Cardholder Name _____			
Cardholder Signature _____			Date _____
Submit Payment:			
<input type="checkbox"/> Fax to (916) 567-7001, or			
<input type="checkbox"/> Mail to: OTAC, P.O. Box 276567, Sacramento, CA 95827			

Questions?

Contact Shannon Rutledge

(916) 567-7000

Fax: (916) 567-7001

info@otaonline.org

Occupational Therapy Association of California

P.O. Box 276567, Sacramento, CA 95827-6567 • (916) 567-7000 • Fax (916) 567-7001

Email: info@otaonline.org • www.otaonline.org

OTAC Members and Nonmembers by Region as of 12/31/2017

OTAC Members by Region as of 12/31/2017				
Out of State	37			
Region 1	785			
Region 2	1097			
Region 3	808			
Region 4	72			
Region 5	251			
Total	3050			
OTAC Non-Members by Region as of 12/31/2017				
Out of State	601			
Region 1	5618			
Region 2	4838			
Region 3	5267			
Region 4	779			
Region 5	2083			
Total	19186			

OTAC Regional Map

