



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

\_\_\_\_\_ Email Contacts to Mailing House in Excel Format Upon Approval

Mailing House Email: \_\_\_\_\_

### 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\*

\_\_\_ Nonmembers statewide

\_\_\_ Nonmembers 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\*OTAC is not responsible for out-of-date address information.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](mailto:info@otaonline.org)

OTAC Members and Nonmembers by Region as of 4/30/2019

<b>OTAC Members by Region as of 4/30/2019</b>				
Out of State	28			
Region 1	964			
Region 2	1168			
Region 3	776			
Region 4	57			
Region 5	178			
<b>Total</b>	<b>3171</b>			
<b>OTAC Non-Members by Region as of 4/30/2019</b>				
Out of State	614			
Region 1	5846			
Region 2	5173			
Region 3	5487			
Region 4	800			
Region 5	2198			
<b>Total</b>	<b>20118</b>			

# OTAC Regional Map

