

Illinois Speech-Language-Hearing Association

35 E. Wacker Drive, Suite 850, Chicago, IL 60601-2106
Phone: 312/644-0828 Fax: 312/644-8557 Web: www.ishail.org
Voice and TT/TDD

Membership Mailing Labels

ISHA membership mailing labels are available for purchase from the Association Office for use in mailing materials related to the speech-language pathology and/or audiology profession.

A sample of the material to be mailed must be submitted to the ISHA office before the labels will be forwarded.

The listing includes all members in good standing at the time of printing.

Number of labels Approximately 2,100 (includes SLPs, As and students)

Cost for one set of labels..... \$250.00 PREPAID

Lead-time required 10 working days after completed order, sample of mailing and check is received

Method of shipment..... Regular UPS*

Types of labels available:

-Avery 5161 Laser

Order of printing/Sort criteria:

-Zip code

-Alphabetical by last name

-Alphabetical by firm name

Arrangements can be made to ship labels next-day air for an additional fee of \$15.

For a partial listing of members, please specify your requirements, i.e., Audiologists Only, or for specific regions you must supply complete zip code parameters. Charges for partial listings are as follows:

Set-up \$30.00

Price per Label\$ 0.15



Professionals Serving People with Communication Disorders

ILLINOIS SPEECH-LANGUAGE-HEARING ASSOCIATION

MEMBERSHIP MAILING LABELS

ORDER FORM

Sort Criteria:

Zip Code[]

Alpha by Last Name[]

Alpha by Firm Name.....[]

Other [].....

Please Specify

Method of Shipment:

Regular UPS[]

Next-Day Air (\$15 Add'l.)[]

AGREEMENT

We hereby agree that in accepting the use of the membership labels of the Illinois Speech-Language-Hearing Association, the names will be used for one mailing only, for professional activities related to speech-language pathology and/or audiology, and that no part of the labels will be used more than once without the express, written consent of the Illinois Speech-Language-Hearing Association.

Signature _____ **Date** _____

Position _____

Organization _____ **Contact Person** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Check No. _____ **Amount \$** _____ **Phone No.** _____ **Email** _____

□ □ □

***Please mail this completed form,
a sample of your mailing, and your check made payable to ISHA to:***

ISHA, 35 E. Wacker Drive, Suite 850, Chicago, IL 60601-2106

Phone: 312/644-0828, Fax: 312/644-8557

membership@ishail.org