

SIZZLING SPECIALTY MAILER #5- May 2005 ORTHOPEDIC SURGERY and NEUROSURGERY

This month we will mail to 3,500 Orthopedic Surgeons and 3,500 Neurosurgeons located throughout the entire United States. **The cost for this mailer is only \$775 per participating member.** Physicians will be asked to respond and provide their sub-specialty interests, full contact information such as home, office, cell & fax numbers, home addresses, and e-mail addresses, as well as spousal information, medical school and training information, etc.

All physician responses will be sent to you as often as possible. If your firm would like to join this mailer, please fill out the commitment form below and fax it to **NAPR headquarters by May 16, 2005. A \$400 deposit is required with the commitment form.**

NOTE! Each participating member may advertise up to 10 job openings, totaling no more than 250 words for all listings combined in each specialty. You can mix and match your 250 words into five 50-word ads, two 125-word ads, or whatever you wish, provided you don't exceed a total of 250 words and 10 listings in each specialty. These listings must consist of real job descriptions and show the state where the job is located. The job listings will be inserted in each mail piece. There will be no company or contact information on the listing; instead, NAPR will assign each ad a job number and will notify you of your job numbers. The physicians will be able to respond via fax or return mail and will indicate an interest on their reply form to one or more of the jobs by listing the specific job number(s). You will receive ALL physician responses, no matter which jobs they show interest in. **TO SUBMIT YOUR JOB LISTINGS – all job listings must be emailed to NAPR at jclark@kmgnet.com by May 16, 2005 (reference May Sizzling Mailer Orthopedic Surgery/Neurosurgery) – faxed or mailed job listings will not be accepted.**

I am paying by Check: _____ Enclosed is: \$ _____

I wish to pay the remainder in installments _____

I am paying by Credit Card: _____

Credit Card Type: _____ VISA _____ MasterCard
 _____ AMEX

Please charge my credit card in the amount of \$ _____

Account #: _____

Expiration Date: _____

Name as it appears on card: _____

Signature: _____

Submitted By:

Name & Title: _____

Organization: _____

Street Address (*no PO Box*): _____

City, ST, Zip: _____

Phone: _____ Fax: _____

Email: _____

Authorized Signature: _____

Firm Owner, principal or designated NAPR representative

By signing this Participation Form you agree to the terms as described. The signed Participation Form automatically becomes incorporated and made part of the List Usage Agreement. Your signature below constitutes consent to receive faxes, email and other communications from NAPR and NAPR Services or on behalf of NAPR and NAPR Services. _____

Signature

We thank you for participating in this mailer and want you to know that we have done our best to encourage the greatest number of responses possible. However, as with any form of advertising and candidate sourcing, we cannot assure any minimum number of responses. Physician mailing labels are obtained through an AMA-licensed mailing house, Medical Marketing Services, Inc. (MMS).

FOR NAPR USE ONLY

2005 DUES	LIST USAGE AGREEMENT (revised 2/99)	PAYMENT (CHECK / AUTHORIZATION NUMBER)	COMMENTS
PAID [] NOT PAID []	ON FILE YES [] NO []		