

2005 "TOTAL SPECIALTY" Mailer to PULMONARY CRITICAL CARE, PULMONARY DESEASE, CRITICAL CARE MEDICINE & IM HOSPITALISTS

This May we will mail to **7,557 physicians** located throughout the entire United States. **The cost for this mailer is only \$850 per participating member.**

Physicians will be asked to respond and provide their specialty and sub-specialty interests. In addition, we will ask for full contact information such as home, office, cell phone numbers, addresses, and e-mail addresses, as well as spousal information, training info, and geographic preferences.

All physician responses will be sent to you as often as possible. If you would like to join this mailer, please fill out the commitment form below and fax it to **NAPR headquarters by May 20, 2005. A \$450 deposit is required with the commitment form. Balance payable within 30 days.**

NOTE: Each Participating member may advertise up to 10 positions, totaling no more than 250 words for all listings combined. 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. 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 to jclark@kmgnet.com by May 20, 2005 (reference 2005 Total Specialty Pulmonary/CCM) – faxed or mailed job listings will not be accepted.**

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

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