



**2011 Co-Sponsored Event Mailing  
 List Category Request Form**

Date: \_\_\_\_\_

Contact Name/Organization Name: \_\_\_\_\_

What is the purpose of using the list? \_\_\_\_\_

Date materials will be sent using this list? \_\_\_\_\_

Available specific categories:     International                       Domestic                       Both

Select One—Delivery Method:     Mailing Addresses                       E-mails

Business Environment

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 4PL                 | <input type="checkbox"/> Information Technology          | <input type="checkbox"/> Service Industries           |
| <input type="checkbox"/> Carrier             | <input type="checkbox"/> Management/ Executive Recruiter | <input type="checkbox"/> Telecommunications           |
| <input type="checkbox"/> Consultant          | <input type="checkbox"/> Manufacturer                    | <input type="checkbox"/> Third Party Service Provider |
| <input type="checkbox"/> Educator/Academic   | <input type="checkbox"/> Material Handling Equipment     | <input type="checkbox"/> Trade Press/Publishing       |
| <input type="checkbox"/> Finance/Insurance   | <input type="checkbox"/> Merchandiser/Retailer           | <input type="checkbox"/> Utility                      |
| <input type="checkbox"/> Freight Forwarder   | <input type="checkbox"/> Not-for-Profit                  | <input type="checkbox"/> Warehouse                    |
| <input type="checkbox"/> Government/Military | <input type="checkbox"/> Real Estate                     | <input type="checkbox"/> Wholesale/Distributor        |
| <input type="checkbox"/> Health Care         |  | <input type="checkbox"/> Other                        |

Key Area of Responsibility

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business Development              | <input type="checkbox"/> Inventory Planning/Control    | <input type="checkbox"/> Quality                         |
| <input type="checkbox"/> Consulting                        | <input type="checkbox"/> Logistics Planning/Management | <input type="checkbox"/> Research                        |
| <input type="checkbox"/> Customer Service/Order Entry      | <input type="checkbox"/> Marketing/Sales               | <input type="checkbox"/> Supply Chain Management         |
| <input type="checkbox"/> Demand Planning/Forecasting       | <input type="checkbox"/> Material Handling Operations  | <input type="checkbox"/> Transportation Management       |
| <input type="checkbox"/> Education/Training/Teaching       | <input type="checkbox"/> MIS Planning/Control          | <input type="checkbox"/> Warehouse Operations/Management |
| <input type="checkbox"/> Finance/Accounting                | <input type="checkbox"/> Packaging                     | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Human Resources                   | <input type="checkbox"/> Production/Mfg Management     |  |
| <input type="checkbox"/> International Planning/Operations | <input type="checkbox"/> Purchasing/Procurement        |  |

Position

- |   |   |                                  |
|---|---|----------------------------------|
| <input type="checkbox"/> Chief Executive Office | <input type="checkbox"/> Director         | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Corporate Officer      | <input type="checkbox"/> Manager          | <input type="checkbox"/> Student |
| <input type="checkbox"/> President              | <input type="checkbox"/> Supervisor       | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Senior Vice President  | <input type="checkbox"/> Staff Specialist |                                  |
| <input type="checkbox"/> Vice President         | <input type="checkbox"/> Academic         |                                  |

An Excel file will be sent with name, title, organization and address or e-mail. You will be charged the regular fee for each method of delivery requested. An invoice will be forwarded for full payment. The cost is \$1.25 per name with a minimum of 200 records (\$250) and a maximum of 3,000 records (\$3,750). Sign and return form to Krissy Scordato at [kscordato@cscmp.org](mailto:kscordato@cscmp.org) or fax to +1 630.574.0989.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

