

List or Label Request Form

SEND REQUEST FORM AND FEE TO:

NDBCE
2112 10TH Ave. SE
Mandan, ND 58554

Organization or Business Name making request: _____

Contact Person: _____ Contact Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____

Request: _____ List of names and addresses sent in Excel Format
\$25.00 Enclosed

_____ Printed mailing labels
\$50.00 Enclosed

Purpose of list/label request: _____ Continuing Education _____ Other (Please explain)

Order of list/labels preferred: _____ Alphabetical _____ Zip Code

Send list/labels to:

_____ Above Address _____ Above email: _____ Other: _____


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**NDBCE OFFICE USE ONLY:**

Request approved: \_\_\_\_\_ yes \_\_\_\_\_ no (explain)

\_\_\_\_\_  
Sent: \_\_\_\_\_ via \_\_\_\_\_