



EMAIL BLAST REQUEST FORM

CMG Use only	
First Date:	_____
Second Date:	_____
Third Date:	_____

General Information:

1. Complete this form and return it to the address listed at the bottom of this form with a check made payable to Computer Measurement Group, Inc. or fax with your credit card information.
2. E-mail an electronic file of the text you wish to be sent to the designated list. This file must be in plain text or html format. If providing an html file, all images must be hosted on a web server, they will not be sent with message. Send the e-mail with the attached file and desired 'Subject line' to exhibits@cmg.org.
3. Please allow five (5) working days for the Secretary of the CMG Board of Directors to approve your text.
4. If requested, you will receive a preview of the exact e-mail at least one (1) day prior to the email blast date.
5. If your request is denied or needs changes, you will be notified directly by CMG Headquarters or the CMG Secretary.
6. To process you request, CMG must receive this completed and signed form along with payment ten (10) days prior to the scheduled date of the e-mail blast.
7. CMG will not provide a refund if the e-mail is cancelled. CMG will gladly reschedule the blast at the earliest available time that meets your company's needs.
8. An individual company may only purchase one (1) list below once per calendar month.

Company:	_____		
Contact:	_____	e-mail:	_____
Phone:	_____	FAX:	_____

LISTS & PRICING:

	EXHIBITORS**	NON-EXHIBITORS	
1. NEWS List	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$500.00	
2. MeasureIT List	<input type="checkbox"/> \$675.00	<input type="checkbox"/> \$850.00	
3. NOTICES List	<input type="checkbox"/> \$1,150.00	<input type="checkbox"/> \$1500.00	TOTAL: \$ _____

DATES:	<u>1st Choice</u>	<u>2nd Choice</u>	<u>List Type</u>
First email blast			
Second email blast	_____	_____	_____
Third email blast	_____	_____	_____

**Exhibitors were registered exhibiting companies at the previous year's CMG annual conference or are register exhibiting companies for the current year's CMG annual conference.

Your signature below signifies your agreement to purchase the above email blast and abide by all guidelines set by CMG.

SIGNATURE: _____ PRINTED NAME: _____

TITLE: _____ DATE: _____

Method of Payment:	<input type="checkbox"/> Check payable to CMG (must be in US dollars drawn on a US bank
	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Acct. #:	_____ Exp. Date: _____
Name on Card:	_____ Zip Code: _____
Signature:	_____
Signature of cardholder signifies authorization to charge credit card account	

FAX Credit Card orders to:
856-401-1708

Mail orders with payment to:
Computer Measurement Group
PO Box 8500-5545
Philadelphia, PA 19178-8500

1-800-4 FOR CMG
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