



## Medtrade Spring Pre-Show Attendee List

Use this opportunity to promote your presence at the show, mentioning your booth number and any special promotions and incentives to drive traffic to your booth.

The pre-show mailing list will be available no earlier than March 17, 2008. **The Pre-registered Attendee List WILL NOT be sent directly to any exhibitor; you must go through the Official Medtrade Spring 2008 Mailing House. Lists can NOT be sent to your own bonded mail house.**

The use of the pre-show attendee list is free, however all mailing services will be at the exhibitor's expense. Please complete this form and fax back to Rita Shafer at 336-299-2619 or email [rita@advdirectinc.com](mailto:rita@advdirectinc.com). Advanced Direct will contact you directly with pricing information and further instructions. \* **Please note that you must have paid in full for your booth space in order to use the list.**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Dimensions: \_\_\_\_\_  PC  Tri-fold Self-mailer  #10 Envelope w/insert

Mailing Class:  1<sup>st</sup> Class  Standard Do you want to mail foreign?  Yes  No

Date materials will arrive at mail house: \_\_\_\_\_

Projected Mail Date: \_\_\_\_\_ Targeted In-home date \_\_\_\_\_

### List selects provided by Medtrade Spring:

- |  |   |
|--|---|
| <input type="checkbox"/> HME Rehab Provider                | <input type="checkbox"/> Distributor (Homecare)             |
| <input type="checkbox"/> HME Respiratory Provider          | <input type="checkbox"/> Distributor (Acute-Facility based) |
| <input type="checkbox"/> HME General Provider              | <input type="checkbox"/> Manufacturer                       |
| <input type="checkbox"/> Pharmacy/Drug Store               | <input type="checkbox"/> Manufacturer Sales                 |
| <input type="checkbox"/> Mass Retail w/HME                 | <input type="checkbox"/> Insurance/Healthcare payer         |
| <input type="checkbox"/> Home Health Agency/Nursing        | <input type="checkbox"/> Occupational Therapist             |
| <input type="checkbox"/> Hospital                          | <input type="checkbox"/> Case Manager                       |
| <input type="checkbox"/> Inpatient Facility                | <input type="checkbox"/> Physical Therapist                 |
| (Rehab, Nursing, Sleep)                                    | <input type="checkbox"/> Others                             |
| <input type="checkbox"/> Client to provide additional list | Quantity of client provided list _____                      |

Handling of excess media:  Return via UPS  Recycle  Hold for additional mailing

Contact: Rita Shafer Phone: 800-786-2812 / 336-299-0800 Fax: 336-299-2619