



**Illinois Psychiatric Society**

## **Mailing Label Order Form**

**Form and Payment** must be received before the labels are sent.

- Yes, I would like to purchase one set of mailing labels of the Illinois Psychiatric Society's membership for \$400.00.

**Number of sets:** \_\_\_\_\_

**Total Price:** \_\_\_\_\_

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

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

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

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

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

**Please mail this form along with payment to the IPS Office.**

**Must be paid with a money order or cashier's check.**

Make checks payable to: Illinois Psychiatric Society.

Please send payments to IPS, 230 E. Ohio Street, Suite 400, Chicago, IL 60611.

Questions, please contact Kristen Webb at (312) 224-2600 or at [kwebb@ilpsych.org](mailto:kwebb@ilpsych.org).