



ARN Blast E-Mail Request Form

The following guidelines apply when ordering blast e-mails

1. ARN must approve the content of all blast e-mails sent to ARN members on behalf of an external party. Content must be properly submitted to ARN by following the submission instructions provided below.
2. Content must be pre-approved by company's legal department prior to submitting request to ARN.
3. All orders are subject to approval based on criteria set forth in ARN policy on blast e-mails. ARN reserves the right to refuse or accept any blast email request for any reason.
4. Allow ten (10) business days from the date the form and draft message are received by ARN for delivery. The date of delivery for blast e-mails is contingent on that policy. Blast e-mails are not delivered on holidays.
5. A test blast e-mail will be sent to the requesting company and must be approved within 24 hours of receiving.
6. ARN policy states that no more than one external blast e-mail may be sent to members per week and requests will be handled on a first-come, first-served basis.

Selections:

- ☐ ARN members only (approx. 5,500) – Fee **\$2,500**
☐ ALL CRRN's (approx. 13,300) – Fee **\$4,800**
☐ ARN members & nonmember CRRN's (approx 15,000) – Fee **\$5500**

Complimentary blast e-mail with Corporate Council benefits (1 for Associate - 2 for Executive level and Premier level)

Company/organization name: _____

Street address: _____

City/state/zip: _____

Contact name: _____

E-mail: _____

Phone: _____ Fax: _____

Date submitted: _____ Request blast e-mail date: _____

Submission instructions:

Submit a JPEG file (650 pixel width) and a word document along with any coding or links for tracking purposes. If additional images are within the JPEG, please provide those JPEG images separately at a recommended size of 200x200 pixels. Incorrect formats will not be accepted. Please provide HTML source coding as well.

Payment Method:

Payment: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express ☐ Check (**made payable to ARN**)

Account number: _____ Exp. Date: _____

Name as it appears on credit card: _____

Authorized Signature: _____

Submit form to:

Mary Paulson

Professional Relations & Development

8735 W. Higgins Rd., Suite 300

Chicago, IL 60631

847.375.6302

mpaulson@rehabnurse.org

For office use only
GL Code 01-5550-001