

# ITNS Blast Email Application



## GUIDELINES

The following guidelines apply to e-mail blasts sent on behalf of an external group:

1. ITNS must approve the content of all email blasts sent to ITNS members by ITNS on behalf of an external party. Content must meet ITNS's submission requirements and criteria set forth in ITNS's policy on blast emails. ITNS reserves the right to refuse any email blasts request for any reason. ITNS does not distribute surveys.
2. Allow 7–10 working days from the date that the form and draft message are received by ITNS to the date of distribution. No more than one external email blast may be sent to members per month. No emails may be sent on Wednesdays or Thursdays. Delivery of email blasts is contingent on that policy.
3. **Prepayment is required for all orders.**
4. When your application and payment are received, you will receive a confirmation.
5. Job postings are not accepted. Please post jobs on the ITNS Career Center at [www.itns.org/careeropportunities.html](http://www.itns.org/careeropportunities.html).

## SUBMISSION REQUIREMENTS

- Send an email in the format you want sent to recipients to [info@itns.org](mailto:info@itns.org) - less than 1MB in size
- Subject of your email should read "ITNS Email Blast: (company name)"
- Include in your email the actual subject line text you would like in your Email Blast,

## CONTACT INFORMATION

Company or organization name \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Contact name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Date \_\_\_\_\_

## PAYMENT INSTRUCTIONS

**If paying by credit card:** E-mail a copy of your message to [info@ITNS.org](mailto:info@ITNS.org) with the subject line: ITNS Blast E-mail Application.

**If paying by check:** Send a copy of the completed application with payment to: International Transplant Nurses Society; 4401 Penn Avenue, Suite 6400, Pittsburgh PA 15224.

## PAYMENT METHOD

Fee: \$2,500 per message

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

Authorized signature \_\_\_\_\_

Check # (made payable to ITNS) \_\_\_\_\_

Questions? Contact Alison Heil, ITNS President

5501 Penn Avenue, Suite 6400, Pittsburgh, PA 15224 • [info@ITNS.org](mailto:info@ITNS.org)