



Supersized B2B Health List

Custom Select Your Health Care Business Mailing List Using the B2B Database



54,000+ Contacts • Select by Job Level, Org Category, State • Excel or Text Delimited Format

Supersized B2B Health List \$95/M; Minimum Order \$495.00

Custom Select your Health Care Business Mailing from the B2B Database. Select from 54,000+ healthcare business professionals.. Selections include standardized organization categories and job levels, in addition to state. Selections can also be randomized to fit a specified number of requested records. Your selection is delivered via download or e-mail, in Excel format.

Field	Description	Comments	Format
Company	Name of Organization	Included in all records	UPPERCASE
Name	Full Name	Included in all records	UPPERCASE
Title	Professional Title	Not included in some records	UPPERCASE
Address1	Mailing Address	Included in all records	UPPERCASE
Address2	Mailing Address continued	Not included in some records	UPPERCASE
City	City	Included in all records	UPPERCASE
State	State	Included in all records with standardized 2 letter codes	UPPERCASE
Zip	Zip Code	Included in all records. 5 and 9 Digit codes both used	UPPERCASE
Phone	Telephone Number	Not included in some records	Numbers
Phone Extension	Phone Extension	Not included in some records	Numbers
Fax	Fax Number	Not included in some records	Numbers
Org Category	Categorization of Organization	Included in All Records: Refer to Standardized Descriptions	UPPERCASE
Job Level	Categorization of Title	Included in All Records: Refer to Standardized Descriptions	UPPERCASE
Firstname	First Name	Included in all records	UPPERCASE
Lastname	Last Name	Included in all records	UPPERCASE

Terms and Conditions

License of records is restricted to one-time use for mailings.* Licensee agrees to delete and destroy records within sixty days of completion of mailing, or 365 days from receipt of records, whichever comes first. Licensee agrees not to copy, save or decompile records for any other purposes, or to forward or otherwise provide to any third party. Licensee agrees to forward proposed mailing piece to be sent to recipients in records for MCOL advance approval before MCOL delivery of records, and represents no additional or modified items will be sent to recipients in records; notwithstanding that if Licensee possesses or otherwise licenses separate independent databases with some identical records, these terms and conditions do not restrict Licensee from use of other separate, independent databases.

*Note: If the selected number of records is less than half of the minimum order, licensee is granted permission for a two-time mailing at no additional cost. For any other orders, a two-time mailing can be purchased for an additional 50% fee.

Additional Information

Get current detailed statistical information on available records and record selection criteria at: www.healthquestpublishers.com

Questions? Call MCOL at 209.577.4888 or e-mail mcare@mcoll.com





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Order Information			
Quantity	Item	Price@	Total
	Total Records Requested	\$95 per 1,000	
	Minimum Order	\$ 495.00	
	Selection Criteria (List quantities/selections below- attach list if needed)		
	Less Discount if you are a Paid MCOL member	10% Discount	
	Sub-Total		
	CA Sales Tax (CA Residents Only) apply to Sub-Total	7.875%	
	Processing Fee		\$8.00
	Grand Total		

Customer Information		
Your Name		
Your Title (if any)		
Organization (if any)		
Your Mailing Address:		
City:	State:	Zip:
Phone:	ext	Fax
E-Mail:		
Signature Agreeing to Terms and Conditions (required – see reverse side)		

Payment Information				
Payment by Credit Card: (Circle One) American Express MasterCard Visa Discover				
Card Number:			Expires	Code
Payment by check: (Circle One) Payment Enclosed Please Invoice Us				



To Submit Your Order:

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