



CalSAE Broadcast E-mail Order Form

Date _____
Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
Email _____
Preferred timeframe for distribution _____
HTML file will need to be emailed to heidi@calsae.org

CalSAE Broadcast E-mails are for a One (1) Time Usage Only

Member Fee: \$300.00 Non-Member Fee: \$450.00

Method of Payment

Check Payable to CSAE Check # _____
Visa Master Card American Express
Card # []
Expiration Date _____
Name on Card _____
Signature _____
Email approved and authorized by _____

CalSAE
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Roseville, CA 95661
Office: 916.443.8980 Fax: 916.749-3369

CalSAE Use Only
To Accounting _____
HTML rec'd _____
To Marketing _____
Date e-mail sent _____