



INFORMATION & DIRECTIONS – READ DIRECTIONS CAREFULLY

The Email Request Form is for organizations who wish to have VCB send out an email to their mailing list on behalf of the organization.

TERMS & CONDITIONS

1. Email requests must be received at least 10 business days prior to the requested date the email is to be sent.
2. A fee of \$50/email will be charged.
3. Each Form is for one email only. If you wish to have the email sent out more than once, each request must be made separately. Emails with the same content will not be sent more than two times in the same calendar year.
4. Emails from the same organization will not be sent more than once per month.
5. Email requests may be delayed or denied if/when there are previously scheduled emails to be sent by VCB.
6. Content of the email must be approved by VCB. VCB reserves the right to deny any request without cause.
7. Only requests to promote relevant evidence-based and best practice content/trainings, relevant conferences, employment opportunities and podcasts, events, etc. will be considered.
8. Content of the email must be pre-approved by VCB and will be clearly marked as a "Paid Advertisement".
9. Submissions must be a Word Document (a fee of \$25 may be charged for any formatting required by VCB.)
10. To submit the form email: info@vacertboard.org.

Name: _____ Email: _____

Organization: _____

Website: _____
LIST THE WEBSITE THAT SHOULD BE LINKED TO ANY IMAGES

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

I agree to adhere to VCB’s terms and conditions for Email Request. Failure to do so could result in cancellation of the Email Request with VCB or the denial of the request. I also understand that if I submit a Word document, I may be charged an additional fee for any formatting VCB needs to complete on your behalf. I understand the contact person listed on this form will be the primary contact person.

Signature: _____ Date: _____

PAYMENT INFORMATION: FEE MUST ACCOMPANY APPLICATION

PAYMENT (CHECK ONE): Check Money Order VISA MasterCard Discover American Express
Checks & Money Orders made payable to VCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____

Email address for receipt (*credit card only*): _____