



COMMUNICATIONS CONSENT FORM

Effective January 1, 2005, a new Federal Trade Commission (FTC) regulation will require organizations to secure prior, written consent from individuals and companies in order for them to receive FAXes that contain "any material advertising the commercial availability or quality of any property, goods, or services." Therefore, the Michigan Pharmacists Association (MPA) is taking proactive measures to seek your authorization to allow MPA and its subsidiaries to continue to provide various pieces of information to you via FAX and/or electronic mail.

Please complete this "Communications Consent Form" and return it to the MPA office in the enclosed envelope or via FAX to (517) 484-4893.

FOR COMPANY/ORGANIZATION CONSENT

Company/organization name for which consent is being provided:

Name of person authorized to provide such consent:

FAX number(s) for which consent is being provided:

E-mail address(es) for which consent is being provided:

I understand that by providing the FAX number(s) and e-mail address(es) above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive FAXes or E-mails sent by or on behalf of the Michigan Pharmacists Association, Michigan Pharmacy Foundation, Michigan Pharmacy PAC, Consultant Pharmacists Society of Michigan, Michigan Society of Community Pharmacists, Michigan Society of Health-System Pharmacists, Michigan Society of Pharmacy Technicians, Michigan Pharmaceutical Representatives Society, PSI Inc. and/or PSI Insurance Agency.

Signature: _____ Date: _____



FOR INDIVIDUAL CONSENT

Name of person providing consent: _____

FAX number(s) for which consent is being provided:

E-mail address(es) for which consent is being provided:

I understand that by providing the FAX number(s) and e-mail address(es) above, I hereby consent to receive FAXes or e-mails sent by or on behalf of Michigan Pharmacists Association, Michigan Pharmacy Foundation, Michigan Pharmacy PAC, Consultant Pharmacists Society of Michigan, Michigan Society of Community Pharmacists, Michigan Society of Health-System Pharmacists, Michigan Society of Pharmacy Technicians, Michigan Pharmaceutical Representatives Society, PSI Inc. and/or PSI Insurance Agency.

Signature: _____ Date: _____