



# Information Products and Services **2010**

Name		Title
Company/Organization		Address
City		Province/Postal Code
Phone	Fax	Email

AMO Member :  AMO Partner:  Non-Member:  **Inquiries - Tel: 416-971-9856 Ext. 321 or 322 Email: [amo@amo.on.ca](mailto:amo@amo.on.ca)**

PRODUCT / SERVICE	DESCRIPTION	PRICE				QTY	AMT
		Municipalities		AMO Partners	Other Municipal Organizations, NGOs, Private		
		AMO Members	Non-Members				
<b>Mailing Labels</b>	Hardcopy 3-up	\$230	\$330	\$300	\$330		\$
<b>Mail List Standard</b>	Municipality, Address, Phone, Fax (MS Excel)	\$415	\$545	\$490	\$545		\$
<b>Mail List Nonstandard</b>	Municipality, Address, Phone, Fax, Email, Homepage (MS Excel)	\$575	\$765	\$685	\$765		\$
<b>Mail List Enhanced:</b> CAOs/Clerks, Heads of Council OR Treasurers	Name, Title, Municipality, Address, Phone, Fax, Email (MS Excel)	\$655	\$995	\$830	\$995		\$
<b>Mail List All Elected Officials</b>	Name, Title, Municipality, Address, Phone, Fax, Email (MS Excel)	\$1,135	\$1,495	\$1,325	\$1,495		\$
<b>Mail List Custom</b>	Records will be selected by parameters such as population range, geographic area, etc. (MS Excel)	\$0.30/rec. \$75 minimum	\$0.60/rec. \$150 minimum	\$0.50/rec. \$100 minimum	\$0.60/rec. \$150 minimum		\$
<b>AMO Policy Report</b> - <a href="#">see attached list</a>	<b>Year:</b> <b>No.:</b>	\$20	\$30	\$25	\$30		\$
<b>Job / Classified Ad</b> published on AMO website		\$199	\$299	\$259	\$299		\$
<b>Broadcast</b> – email / fax (to all municipal clerks/administrators), price is per page.		\$299	\$399	\$359	\$399		\$
<b>SUB-TOTAL</b>							\$
<b>HST REGISTRATION #R106732944</b>						<b>HST - Federal @ 5%</b>	
						<b>HST - Provincial @ 8%</b>	
<b>Note: Shipping/Handling costs included in above prices.</b>						<b>TOTAL</b>	
							\$

**Proper Payment Must Accompany This Order Form**  
**ONLY CREDIT CARD PAYMENT ORDERS MAY BE FAXED TO 416-971-9372**  
 (AMO retains the right to refuse orders for products and services at our own discretion and without justification)

<input type="checkbox"/> <b>CHEQUE</b>  Please return this form with cheque made payable to:  <b>ASSOCIATION OF MUNICIPALITIES OF ONTARIO</b> 200 University Ave., Suite 801, Toronto, Ontario M5H 3C6	<b>CREDIT CARD</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
	<b>PRINT NAME</b>	
	<b>CARD #</b>	
	<b>EXPIRY DATE (MM/YY)</b>	
	<b>SIGNATURE</b>	