

# MN Chapter NAPO Web Site

## 6-Month Enhanced Listing Request Form

Contact: \_\_\_\_\_ Describe Products and/or Services (up to 50 words)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site URL: \_\_\_\_\_

Would you consider adding your logo or other graphic to your listing if we offered this option? \_\_\_\_\_

**Return completed form and \$25 check payable to MN Chapter NAPO to:** Period of Listing: \_\_\_\_\_ to \_\_\_\_\_

Paid: \_\_\_\_\_

MN Chapter NAPO  
ATTN: Treasurer  
3500 Vicksburg Lane North • Suite 168  
Plymouth, MN 55447-1333

Direct questions to (612) 339-1331.

If form and check are received by the 20th, your listing will begin the first of the following month. For example, if form and check are received by Nov. 20th, your listing will run from Dec. 1 to May 31.