

EMPIRE STATE

R E P O R T

SUBSCRIPTION REQUEST FORM

- 1 YEAR.....\$19.95
- 2 YEARS.....\$35.00
- 3 YEARS.....\$50.00

NAME _____

COMPANY _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

FAX _____

E-MAIL _____

HOW DID YOU HEAR ABOUT THE EMPIRE STATE REPORT?

PAYMENT INFORMATION

CHECK NUMBER _____ AMOUNT \$ _____

Credit card: Amex Mastercard Visa

CARD NUMBER _____ EXP. DATE _____

NAME ON CARD _____

CARD HOLDER'S SIGNATURE _____

RETURN THIS FORM WITH PAYMENT, FAX BACK or EMAIL TO:

EMPIRE STATE REPORT MAGAZINE

Subscription Processing Department

P.O. Box 9001 • Mt. Vernon NY 10552-9001

(914) 966-3180 • FAX (914) 966-3264

empire@cinn.com

AREA OF EMPLOYMENT (PLEASE CHECK ONLY ONE)

- | | |
|--|--|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Health |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Associations & Registered Lobbyists |
| <input type="checkbox"/> Local & City Government | <input type="checkbox"/> Media |
| <input type="checkbox"/> Federal Government, Congress & Agencies | <input type="checkbox"/> Education & Libraries |
| <input type="checkbox"/> Business & Industry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Labor | <i>(please specify)</i> |