



Complete the information below

National League of Cities *Prescription Discount Program*

City Name: _____

Number of City Residents: _____

City web site: _____

Main City Contact: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

e-mail: _____

Please provide a contact name/street address for the delivery of the ID cards/display stands, if different from above:

Please indicate how the city name should be referenced on the ID card: _____

Logo requirements to produce ID cards: CVS Caremark will need a black-and-white .jpg file of your city logo e-mailed to ralph.frissore@caremark.com. Please indicate your city name and logo in the subject line.

Please download, then complete this form and e-mail to Marc Shapiro at SHAPIRO@nlc.org

Marc Shapiro

Manager, Corporate Programs

National League of Cities

1301 Pennsylvania Ave., N.W.

Washington, D.C. 20004

Next Steps: Within 48 hours of receipt of this completed form, you will be contacted by CVS Caremark to initiate the launch of the program in your city. The process to launch the program takes approximately eight weeks.