

U.S. DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS  
Philadelphia Information Office, Suite 610 East – The Curtis Center  
170 South Independence Mall West, Philadelphia, PA 19106-3305  
http://www.bls.gov/ro3/home.htm  
Information Staff (215) 597-DATA (215) 597-3282 / Fax (215) 861-5720 / FAX-ON-DEMAND (215) 597-4153

FAX-ON-DEMAND  
Code  
9035

## PHILADELPHIA REGIONAL OFFICE MAILING LISTS

The Philadelphia Regional Office maintains several mailing lists. Products available by mail are also available more quickly on the FAX-ON-DEMAND service. In addition, the Philadelphia Regional Office offers an automatic FAX system that replaces the more costly and time-consuming mail system.

You may use this form to be added to a mailing list or a FAX list or to revise a current address. Take careful note of the character limitations for each field. Also, if you are making changes to a current mailing list entry, please include a copy of your present label. If the publication should always be sent to a certain position, such as the "Personnel Manager", consider entering that position rather than the name of the current incumbent as a means of both limiting the necessary characters and reducing further changes. Please request only those documents that you require on an ongoing basis.

### Program:

- Regional Office CPI Announcement (Blue Sheet) -- monthly  
 Announcements of new products, services, meetings -- periodic  
 FAX-ON-DEMAND catalog updates sent as new documents are added to the catalog

Employment Cost Index (quarterly news release)

Northeast region  South region

Regional office publications for your area covering wages, prices, employment, and occupational injuries and fatalities (publication frequency varies)

- Delaware  Virginia  Philadelphia Metro Area  
 Maryland  West Virginia  Pittsburgh Metro Area  
 Pennsylvania  Baltimore Metro Area  Washington, DC, Metro Area

Method of delivery:  By mail  By automatic FAX

Type of request:  New  Change of address  
(Attach old label)

**Mailing label.** Please enter one character to a space. Do not exceed the character limitations. Complete all applicable lines.

First name \_ \_ \_ \_ \_

Last name \_ \_ \_ \_ \_

Title \_ \_ \_ \_ \_

Company \_ \_ \_ \_ \_

*(Do not abbreviate name)*

Mail stop code \_ \_ \_ \_ \_

Suite/Rm/Apt/Route/PO Box \_ \_ \_ \_ \_

Street \_ \_ \_ \_ \_

City \_ \_ \_ \_ \_ State \_ \_ Zip code \_ \_ \_ \_ \_

Fax number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ Phone number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

**FAX this form to (215) 861-5720.**

Please allow 4 weeks for changes or additions to become effective.