

## Order Form - AAD Membership Mailing List Rental

Available exclusively from the American Academy of Dermatology Association (AADA). The undersigned acknowledges and agrees that he/she has reviewed and shall comply with the Terms and Conditions with respect to the use of the mailing list. The Terms and Conditions are provided in conjunction with this document.

Signature \_\_\_\_\_

Contact Name \_\_\_\_\_ AAD ID# \_\_\_\_\_

Company/Institution \_\_\_\_\_

Shipping Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment must accompany order. Indicate payment method below.**

Check enclosed, payable to: AADA  MasterCard  Visa  American Express  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder Name (Please print) \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

**Delivery**

E-mail address (please print) \_\_\_\_\_

**Rates**

Standard

- Commercial: \$175/1,000 (rounded up)
- Educational: \$100/1,000 (rounded up)
- Clinical trial identifier number # \_\_\_\_\_

Custom

- Initial Setup Fee: \$50
- Special Sort Fee: \$35/sort
- Rush Order Fee: \$150
- Residents Finishing in 2015-Member ONLY Price: \$100
- Avery® 5160 label format: \$50  
(Only available for resident listings)

**Lists Requested** (Please contact the Department of Member Services for list counts and price verification prior to submitting order.)

**Standard:**

- Entire Membership ~16,300 (Residents and Grad Fellows not included)
- U.S. Members ~12,500 (Residents and Grad Fellows not included)
- Canadian Members ~375 (Residents and Grad Fellows not included)
- All International Members ~3,700 (Residents and Grad Fellows not included)
- All Residents ~1,600 (located in US and Canada)
- Doctors in a Graduate Fellowship ~150 (located in US and Canada)
- Residency Program Directors ~125 (\$75 Commercial/\$50 Educational)

**Custom** (Any list other than the 6 listed above - please specify):  
\_\_\_\_\_  
\_\_\_\_\_

**File Type**

ASCII comma delimited  MS Excel

**List Sequence**

Zip Code Order  Alphabetical Order (by member last name)

Mail completed order form with sample of proposed mailing and payment or credit card information to:  
American Academy of Dermatology Association, Attn: Barbara Paez, PO Box 4014, Schaumburg, IL 60168  
Or fax to: (847)240-1860 Department of Member Services, Attn: Barbara Paez/MAILING LISTS  
Email: [bpaez@aad.org](mailto:bpaez@aad.org) Phone: (847) 240-1297

**Standard Processing Time: 7-10 business days.**

Effective July 1, 2014