



MAILING LIST ORDER GUIDELINES

Rental Guidelines

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| <p>1. Lists Available</p> <ul style="list-style-type: none">a. Membershipb. Most recent annual meeting registrantsc. Sorts by zip and alpha | <p>2. Formats</p> <ul style="list-style-type: none">a. E-mailed to you in Excel formatb. All may have key code for extra fee |
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Ordering Requirements and Restrictions

1. Lists are available for **one-time use only by purchaser** and may not be reproduced, reused, or resold, in any form or manner. Purchaser must sign statement on order form.
2. Addresses are the members' preferred mailing address. Phone numbers, Fax numbers and E-mails are not available.
3. All orders must be in writing on the enclosed form and all sections must be completed. At least one sample of the mailing piece must be provided for approval before list(s) are forwarded. No changes may be made to the mailer without permission from the American Osteopathic Academy of Orthopedics.
4. Purchaser will be billed at the time the order is mailed or (e-mailed) and full payment is due within (15) days of order placement. Direct mail agencies may be requested to provide advanced payment. Failure to receive payment in a timely fashion may preclude future use of any list and a collection will be instituted. Purchaser is subject to late fees in the event full payment is not received by the due date.
5. Lists to be used for surveys require approval of the survey content, to include any letter of introduction.
6. The AOA reserves the right to refuse list rental orders.
7. Use of a AOA list in no way constitutes approval of the content of the mailing.
8. The AOA shall not be liable for any loss or damages incurred through the use of a list and does not guarantee results from the use of any list.

Membership Data

All – 3,483

Candidate - 523

Student – 1,321

(Updated 03/14/16)

Rates

\$400 set up fee, plus:

- \$1,000 entire member list
- \$700 partial list
- *Contracted Exhibitors:* \$1.00 per name for Meeting Registrants

Type of List Needed

- ☐ Entire Membership with residents and students
☐ Entire Membership without residents and students
☐ Meeting Registrants with residents and students
☐ Meeting Registrants without residents and students
☐ Other _____

List Format – Excel Only

Sequence ☐ Zip Code ☐ Alpha (last name)

Delivery E-mail Address

Provide email if different from the one below

To Order

Fax or mail your completed order form to: American Osteopathic Academy of Orthopedics, Attn.: Bob Specht, 2209 Dickens Road, Richmond, VA 23230-2005; Fax (804) 282-0090. For more information, call (804) 565-6301 or e-mail: bob@societyhq.com.

The document you wish to mail must be submitted for approval and may not be altered after AOA's approval. Lists are rented only AFTER the intended mailer is approved.

SHIPPING INFORMATION (PLEASE PRINT)

Contact Name _____

Address _____

City State Zip _____

Phone _____

Fax _____

E-mail _____

Date Needed _____

BILLING INFORMATION (PLEASE PRINT)

Contact Name _____

Address _____

City State Zip _____

MAKE CHECKS PAYABLE TO AOA TAX ID: 38-6073712

Payment: ☐ Check ☐ Visa ☐ M/C ☐ AMEX

Name on Card _____

Card # _____

Expiration Date _____

Signature _____

Purchase Order # _____

Additional Specifications

Agreement: The names and addresses provided by Ruggles Service Corporation are the property of the American Osteopathic Academy of Orthopedics and are supplied for the specific mailing ordered and for no other purpose. After completion of such mailing, any unused labels, lists, or disks from such will be destroyed or erased and will not be used for any other purpose. This list is solely provided for a one-time use only.

Signature of Acceptance of Rental Terms

Date

Company Name