MEMBERSHIP LIST RENTAL ORDER FORM

SHCA Mailing List Rental Order Form

SHCA Membership lists are updated weekly.

Please allow 5 working days to process your order. For RUSH orders less than 5 days, add \$50.

Please return this completed order form, along with a sample mailing piece to:
Society for Healthcare Consumer Advocacy of the American Hospital Association
Media Sales • 155 N. Wacker Dr., Ste. 400 • Chicago, IL 60606 • FAX: 312-278-088:

| List Information | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| List Name: | | |
| | Mail Date: | |
| Special Select Instructions: | | |
| Ordered By | | |
| Company name: | Attention: | |
| Billing address: | | |
| City/State/Zip: | | |
| E-mail: I | Phone: F | ax: |
| Paid in full by check or credit card | | |
| ☐ Paid in full by check or credit card Send to E-mail: List Format: ☐ ASCII comma delimited for | | xcel format |
| Send to E-mail: List Format: | | xcel format |
| Send to E-mail: List Format: | mat Text format for printing labels E | Rental Order Form. |
| Send to E-mail: List Format: ASCII comma delimited for Terms and Conditions: • Must be signed and returned with order and sample. • Renter understands and agrees that the Society for Healthcare Consumer Advocacy (SHCA) is making its membership lists available to the renter | mat Text format for printing labels E | Rental Order Form. • SHCA reserves the right to refuse any order. • SHCA believes the data contained within their membership lists to be correct, but cannot |
| Send to E-mail: List Format: ASCII comma delimited for Terms and Conditions: • Must be signed and returned with order and sample. • Renter understands and agrees that the Society for Healthcare Consumer Advocacy (SHCA) is | in any format any part of the list. Renter shall not cause or permit the membership list to be copied, reproduced, photocopied, entered into a computer database, or otherwise duplicated in any format, in whole or in part. Rental of SHCA membership lists is for direct mail or research purposes only. Telemarketing to the | Rental Order Form. SHCA reserves the right to refuse any order. SHCA believes the data contained within their membership lists to be correct, but cannot guarantee accuracy or outcome of any mailing. In no event will SHCA's liability exceed the cost of the list. |
| Send to E-mail: List Format: ASCII comma delimited for Terms and Conditions: • Must be signed and returned with order and sample. • Renter understands and agrees that the Society for Healthcare Consumer Advocacy (SHCA) is making its membership lists available to the renter on a ONE-TIME-USE basis and solely for the renter's use as stated on the rental order form. | in any format any part of the list. Renter shall not cause or permit the membership list to be copied, reproduced, photocopied, entered into a computer database, or otherwise duplicated in any format, in whole or in part. Rental of SHCA membership lists is for direct mail or research purposes only. Telemarketing to the persons on this list is prohibited unless approved in writing by SHCA. Renter shall make no claims their mailing is in any | Rental Order Form. SHCA reserves the right to refuse any order. SHCA believes the data contained within their membership lists to be correct, but cannot guarantee accuracy or outcome of any mailing. In no event will SHCA's liability exceed the cost of the list. Renter understands and agrees that SHCA's membership lists are valuable proprietary information and a renter's breach of the provisions |
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Title: ______ Date: _____