

# AORN Post-Congress Mailing List Rental Order Form & Agreement



AORN releases the Congress post-registered attendee mailing as soon as possible after attendees are verified. Lists are provided via Microsoft Excel file, and include **Name, Title, Preferred Mailing Address, and Facility/Company Name** (if provided by attendee).

LISTS AVAILABLE beginning April 16, 2012. For use between 4/16/12 and 10/1/12 only.

## 1. SELECT LIST TYPE:

☐ ALL PROFESSIONAL REGISTRANTS - \$1,000.00  
(typically represent 64% of total attendance)

☐ MANAGEMENT POSITIONS ONLY - \$1,000.00  
(typically represent 36% of total attendance)

**Total for Section 1:** \$ \_\_\_\_\_

## 2. PAYMENT AND DELIVERY

Pre-payment and sample of printed mail piece are required before lists will be delivered. Samples should be emailed to [sales@aorn.org](mailto:sales@aorn.org) with the subject "Congress Mailing List."

☐ I have included my payment, or provided credit card information below.

☐ I have emailed my sample to AORN.

## 3. LIST USE AGREEMENT

I agree that I am using the AORN mailing list, **one time only**, solely for promotion and follow up regarding my company's participation in the AORN 2012 Congress. I understand that lists will be purged of duplicates. I understand that all lists are seeded with decoy names to detect unauthorized usage. I understand that reproduction of, copying, or duplicating the list in any way for any other purpose is strictly prohibited. I understand and agree that the AORN Congress list is not to be used for, or to recruit for, market research purposes. Violation of this agreement will suspend my list rental privileges indefinitely.

\_\_\_\_\_  
(Signature)

## 4. SUBMIT FORM AND PAYMENT

**Email:** [sales@aorn.org](mailto:sales@aorn.org)

**Fax:** (303) 755-4511

**Mail:** AORN Industry Dept.  
2170 S. Parker Rd., Ste. 400  
Denver, CO 80231-5711

Company \_\_\_\_\_ Booth #: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip, (Country): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Email list to (if different from above): \_\_\_\_\_

**Payment Information:** ☐ Check enclosed ☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

Total Amount: \_\_\_\_\_ (section 1 above)

Card Holder: \_\_\_\_\_ Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AORN USE ONLY:** IMIS ID \_\_\_\_\_ ORDER #: \_\_\_\_\_ Source: AB/NS/ST