



TECHNICIANS & NURSES PROGRAM
MAY 6-8, 2017

ADDITIONAL PROGRAMS
ASOA WORKSHOPS
T&N TECH TALKS | ATPO TRAIN THE TRAINER
ASCRS GLAUCOMA DAY
CORNEA DAY

One Time Use Agreement Form – Mailing List
(Due by: April 14, 2017)

This form is required to be submitted with your mailing list request form.

The request and/or purchase of a mailing list is for one time use only.
By submitting this order, you agree to all terms and conditions set forth herein.

Names furnished for the confidential purchaser only. They are not to be used to compile or prepare mailing lists, marketing aids, classified directories, classified advertising conveyed by any telephonic, mechanical or electronic means, or any other types of compilations that are sold or otherwise provided to third parties. The lists are seeded with decoy names to protect against unauthorized use. Violators will be prosecuted in accordance with copyright laws. No copies of any mailing list, either provided electronically or via labels, are permitted.

Contact Name _____

Company Name _____ Booth # _____

Email _____

Requester Signature _____

Printed Name _____ Date _____

Contact Name/Company list is being sent to _____

*By submitting this One Time Use Agreement, you agree to comply with all policies listed on the ASCRS•ASOA Mailing List Agreement. Please allow up to ten business days from the date the request is submitted to receive your list. **All lists are sent electronically.***

Please return this along with final mailing piece and order form by April 14, 2017 to:
Jamie Barbera, ASCRS•ASOA Exhibits Manager
jbarbera@ascrs.org OR **FAX directly to:** (703) 547-8840



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PURCHASED Attendee Mailing List Request Form

This should be filled in if you have already received your initial comp list from ASCRS ASOA
(Due by: April 14, 2017)

An ASCRS•ASOA mailing list will be furnished upon request for one time use only to promote your company. **A final sample of the mailing piece must accompany your request along with the signed one time use confidentiality agreement.** The list request will not be considered until the final sample is approved by ASCRS•ASOA and signed agreement is received. **Please note: all lists will be sent electronically.**

Requester Name _____ Date _____

Company Name _____ Booth # _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Email _____

Phone _____ Fax _____

Contact Name/Company list is being sent to _____

Email Address to send list _____

Date to send list to the above contact _____

PLEASE CIRCLE ONE OF THE LIST TYPES BELOW:

ASCRS Registrants	\$2,000.00
ASOA Registrants	\$1,500.00
Techs/Nurses	\$1,000.00
Combined List	\$3,200.00

Confirm selected list type _____ **Price** _____

PAYMENT INFORMATION

Credit Card Type _____
 Credit Card # _____ Expiration Date _____
 Cardholder Name _____
 Signature _____

By submitting this order form, you agree to comply with all policies listed on the ASCRS•ASOA Mailing List Agreement.

Please return this order form, final mailing piece and one time use agreement by April 14, 2017 to:

Jamie Barbera, ASCRS•ASOA Exhibits Manager
jbarbera@ascrs.org OR FAX directly to: (703) 547-8840