AAOMS Mailing List Order Form

Name: _____ **Title:** _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Telephone:** _____

Requested by:

- ☐ **AAOMS Fellow/Member/Resident Member**
- ☐ **AAOMS Staff**
- ☐ **Exhibitor**
- ☐ **Institutions (Hospitals and Universities)**
- ☐ **Regional and State Societies**
- ☐ **Other:** _____

Date Requested: _____ **Date Required*:** _____

*PLEASE ALLOW UP TO TWO WEEKS FOR PROCESSING

Select media type & note number of set(s) requested:

- ☐ **Excel Spread Sheet (One Time Use/Provide E-mail address above)**
- ☐ **ASCII-Comma Delimited (One Time Use/Provide E-mail address above)**

Sort order (*circle one*):   Alphabetical   Zip Code   State   District

Categories to include:

- ☐ Resident Members (1,140)
- ☐ Candidates * (235)
- ☐ Fellows/Members * (4,460)
- ☐ Federal Service Fellows/Members * (195)
- ☐ Provisional Fellows/Members * (205)
- ☐ Life Fellows/Members * (970)
- ☐ Retired Fellows/Members (1,495)
- ☐ Inactive Members (8)
- ☐ Honorary Fellows (21)
- ☐ Affiliate Members – Foreign * (220)

- ☐ Pre-Reg. Meeting List (*member and non-member OMS*)
- ☐ Post-Reg. Meeting List (*member and non-member OMS*)
- ☐ Other: _____

Note * = Active Practicing OMS's

Select Location:
- ☐ United States only
- ☐ North America
- ☐ All geographic regions
- ☐ Other: _____

District Locations:
- ☐ District I = CT, ME, MA, NH, NY, RI, VT
- ☐ District II = DE, DC, MD, NJ, PA
- ☐ District III = AL, FL, GA, KY, LA, MS, NC, PR, GUAM & VI, SC, TN, VA, WV
- ☐ District IV = IL, IN, MI, OH, WI
- ☐ District V = AR, CO, IA, KS, MN, MO, MT, NE, NM, ND, OK, SD, TX, WY
- ☐ District VI = AZ, CA, HI, ID, NV, OR, UT, WA, AK

Number in parentheses indicate the number of names for that category as of January 1, 2016

Mailing List Prices:

Entire Membership	$700.00
1 District	$300.00
1 State	$200.00
List of Residents	$50.00
Pre-Reg. Annual Mtg. List	$350.00
Post-Reg. Annual Mtg. List	$475.00
Pre-Reg. Dental Implant Conf	$275.00
Post-Reg. Dental Implant Conf	$325.00

Payment information:

☐ Check # _____ (*Educational Institutions must submit a purchase order if payment cannot be issued at time of order*)

☐ Visa

☐ MasterCard

☐ American Express   Total Amount: $_____

Credit Card #: _____ **Expiration Date:** _____

Name on Credit Card: _____

Card Holder's Signature: _____

Please forward the completed Mailing List Order form with a sample of your mailing piece (may be in draft form) to the AAOMS Membership Department:
    Mail: AAOMS, 9700 West Bryn Mawr Avenue, Rosemont, Illinois 60018
    E-mail: membership@aaoms.org or Fax: 847/678-6279

Mailing List Policy:
A general membership mailing list and a list of specific meeting registrants may be provided for a fee to fellows, members, candidates and residents, regional and component OMS societies, educational institutions, exhibitors, peer partners and non-members in accordance to the following:

1. Mailing lists are protected by copyright and shall not be duplicated without written permission of the Executive Director of AAOMS.
2. Oral and Maxillofacial Surgery institutions, fellows and members who sponsor courses for a profit and who wish to announce them to the membership will be charged the exhibitor/commercial fee for a mailing list.
3. Fellows and Members who wish to conduct a scientific survey of the membership may purchase a mailing list at a reduced fee.
4. The AAOMS reserves the right to deny requests where the purpose or use may be considered not in the best interest of the Association or its purposes.

As a condition of granting exhibit space at AAOMS meetings, exhibitors agree not to conduct or sponsor any educational seminars over the dates of the AAOMS meeting. Exhibitors may conduct or host an event such as a breakfast, luncheon, dinner, reception or focus group over the dates of the meeting during non-programming hours as determined by AAOMS. An exhibitor may conduct or sponsor an education seminar immediately preceding or immediately following the meeting program. All requests to hold non-educational or educational functions must be submitted for review and approval to the AAOMS Exhibitor Manager.

As approved by the AAOMS Board of Trustees, each State and Regional OMS Society are allowed up to two (2) sets of mailing lists per calendar year at no charge. Additional sets may be purchased but will be charged the regular price. Residents may purchase a mailing list at a reduced fee. **NOTE: AAOMS does not release member e-mail addresses, telephone numbers, or fax numbers for any purposes.**