

# ONE TIME USE AGREEMENT FORM – MAILING LIST (DUE BY: APRIL 19, 2019)

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	BOOTH #	DATE
COMPANY NAME	CONTACT E-MAIL	
REQUESTER (PLEASE PRINT)	SIGNATURE	
COUNTRY	PHONE	

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 TO:**

Kristine Coan, ASCRS ASOA Meetings Manager

**Email:** [kcoan@ascrs.org](mailto:kcoan@ascrs.org)

# COMPLIMENTARY ATTENDEE MAILING LIST REQUEST FORM (DUE BY: APRIL 19, 2019)

One complimentary ASCRS ASOA mailing list will be furnished **upon request** for a one-time use only, to promote your booth at the 2019 Annual Meeting.

If you would like to request a second list afterwards to the meeting, you will be required to purchase an additional list.

A copy of your mailing piece is required to be submitted along with this request form for approval from ASCRS ASOA.

The list request will not be considered until the final sample is approved by ASCRS ASOA and signed agreement is received. We advise not to send your mailing piece to print until we have sent you written approval.

REQUESTER NAME \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ BOOTH # \_\_\_\_\_

E-MAIL \_\_\_\_\_

**CONTACT NAME/COMPANY LIST IS BEING SENT TO** \_\_\_\_\_

**EMAIL ADDRESS TO SEND LIST** \_\_\_\_\_

**DATE TO SEND LIST TO THE ABOVE CONTACT** \_\_\_\_\_

## PLEASE SELECT THE TYPE OF LIST THAT IS BEING REQUESTED

ASCRS (MDS) ONLY	ASOA ONLY	ASCRS & ASOA	TECHS & NURSES	ASCRS SUBSPECIALTY DAY
_____ DOMESTIC	_____ DOMESTIC	_____ DOMESTIC	_____ DOMESTIC	_____ DOMESTIC
_____ INTERNATIONAL	_____ INTERNATIONAL	_____ INTERNATIONAL	_____ INTERNATIONAL	_____ INTERNATIONAL
_____ BOTH	_____ BOTH	_____ BOTH	_____ BOTH	_____ BOTH

☐ **CHECK MARK HERE IF YOU ARE NOT SENDING A MAILER**

Please mark from the selections above with the type of list you would like us to send you. Mailing addresses will not be included in this type of list request.

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