



AAOMS Mailing List Request Form

*Purchase of a list is for one-time-use only and is not to be duplicated in any manner.

Questions? Email membership@aaoms.org

Name _____ Title _____

Company _____

Address _____

City _____ State _____ ZIP Code _____

Email _____ Phone _____

Requested by

- ☐ AAOMS Fellow / Member / Resident Member
☐ AAOMS Staff
☐ Exhibitor
☐ Educational Institution (Hospitals, Universities)
☐ Regional and State OMS Societies
☐ Other _____

Allow at least seven business days for processing.

Requests are processed as they are received and will not be held for a later date.

Date requested _____

Date required _____

Part 1: Select Media type.

☐ Excel spreadsheet ☐ CSV file

Part 2: Select sort order.

☐ Alphabetical ☐ ZIP Code ☐ State

Part 3: Select categories to include in your list. (Example: If selecting from section A, do not select from B or C.)

Numbers in parentheses indicate approximate totals per category as of 2018 membership year.

- ☐ **Entire membership** (residents, practicing OMSs, retired OMSs, non-OMSs and international) (10,158)
- A**
Common lists ☐ **All practicing OMSs** (includes all U.S. private practice, faculty and federal service) (6,520)
- ☐ **Resident members only** (1,223)

OR

- B**
Create your own list.
Select individual categories you need.
- ☐ Resident Members (1,223) ☐ Life Fellows and Members (1,987)
- ☐ Candidates (265) ☐ Retired Fellows and Members (949)
- ☐ Provisional Fellows and Members (323) ☐ Inactive Fellows and Members (115)
- ☐ Fellows and Members (4,794) ☐ Honorary Fellows (non-OMS) (22)
- ☐ Federal Service Fellows and Members (228) ☐ Affiliate Members (non-U.S.) (252)

OR

- C**
Meeting-specific lists
- ☐ Annual Meeting pre-reg. list ☐ Dental Implant Conf. pre-reg. list
- ☐ Annual Meeting post-reg. list ☐ Dental Implant Conf. post-reg. list

Part 4: Select the membership locations you need. (If selecting from A, do not select from B.)

A Common regions	B District List Regions (\$300 per district list)
United States only	District I: CT, MA, ME, NH, NY, RI, VT
North America only	District II: DC, DE, MD, NJ, PA
All geographic regions	District III: AL, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV, PR, Guam, VI
Other (specify below)	District IV: IL, IN, MI, OH, WI
	District V: AR, CO, IA, KS, MN, MO, MT, ND, NE, NM, OK, SD, TX, WY
	District VI: AK, AZ, CA, HI, ID, NV, OR, UT, WA

Mailing List Prices

\$ 700 Entire membership
\$ 700 All practicing OMSs
\$ 50 Resident members only
\$ 300 1 District
\$ 200 1 State
\$ 350 Annual Meeting pre-reg.
\$ 475 Annual Meeting post-reg.
\$ 275 Dental Implant Conf. pre-reg.
\$ 325 Dental Implant Conf. post-reg.

Forward completed Mailing List Request form **with a sample of your mailing piece** (draft version is acceptable) to:

Secure fax: 847-678-6279

If faxing, email Membership Services to confirm received.

Email: membership@aaoms.org (Do not email payment info.)

Mail: AAOMS Membership Department
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018

Payment Information

Educational institutions must submit a purchase order if payment cannot be issued at time of order.

Check # _____

Credit card # _____

Visa CVV _____

MasterCard Expiration date _____

American Express Name on card _____

Discover

Cardholder signature _____



Sign below to confirm you have read and agree to the Mailing List Policy (page 3 of request form).

Your request will not be processed without signature.

Signature _____ Date _____

Mailing List Policy (Keep this page for your records. Do not return with your request.)

- A. **Purchase of a list is for one-time-use only and is not to be duplicated in any manner.**
- B. **AAOMS does not release member email addresses, phone numbers or fax numbers for any purposes.**
- C. Recruitment mailers: AAOMS policy prohibits use of the mailing list for recruitment purposes. The AAOMS Career Line or *AAOMS Today* classifieds are available for this purpose.
AAOMS Career Line: visit healthcareers.com/aaoms or call 888-884-8242
AAOMS *Today* Classifieds: email communications@aaoms.org
- D. A general membership mailing list and a list of 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 with 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 wish to announce them to AAOMS 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. 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.
- E. As a condition of granting exhibit space at AAOMS meetings, exhibitors agree not to conduct or sponsor any educational seminars on the dates of the AAOMS meeting. Exhibitors may conduct or host an event such as a breakfast, luncheon, dinner, reception or focus group on 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 Exhibits Manager.
- F. As approved by the AAOMS Board of Trustees, each State and Regional OMS Society is allowed up to two sets of mailing lists per calendar year at no charge. Additional sets may be purchased at the regular price.
- G. Residents may purchase a mailing list at a reduced fee.