

## ATTENDEE LIST ORDER FORM

Rent an attendee list from ADHA to help promote your company's presence at ADHA 2019. Order the attendee list for your pre or post show mailings. **An attendee file will be sent for a one-time usage only**. ADHA must approve any marketing pieces prior to distribution. Should a company not abide by these terms, ADHA reserves the right to refuse distribution lists.

What is Included: Purchaser will receive a list that includes the attendees' name, company, job title, city and state. Depending on which list you purchase, you can will also receive either their email address and/or mailing address. Note: the names on the list are those that agree to receiving communications from exhibitors. Therefore, may not quantity the total number of attendees.

Attendee Mailing List (Email Only)    Pre-Conference Mailer List   \$200     Post-Conference Mailer List   \$200     Pre-Conference Mailer List   \$200     Address Only)   Pre-Conference Mailer List   \$200     Post-Conference Mailer List   \$350     Attendee Mailing List (Mailing   Pre-Conference Mailer List   \$350     Address & Emails)   Post-Conference Mailer List   \$350     Post-Conference Mailer List   \$3	
Attendee Mailing List (Mailing   Pre-Conference Mailer List   \$200   Address Only)   Pre-Conference Mailer List   \$350   Attendee Mailing List (Mailing   Pre-Conference Mailer List   \$350   Address & Emails)   Post-Conference Mailer List   \$350   Post-Conference Mailer List   \$350   Contact Information: Contact   Exhibiting   Company:   Co	
Address Only)  Attendee Mailing List (Mailing Pre-Conference Mailer List Pre-Conference Mailer List Post-Conference Mailer List Standards & Emails)  Contact Information:  Contact Exhibiting Company:  Company:	
Attendee Mailing List (Mailing   Pre-Conference Mailer List   \$350   Address & Emails)   Post-Conference Mailer List   \$350   Contact Information: Contact   Exhibiting   Name: Company:	
Address & Emails)  Post-Conference Mailer List  Contact Information:  Contact Exhibiting  Name:Company:	
Contact Information:  Contact Exhibiting  Name:Company:	
Contact Exhibiting Name:Company:	
Contact Exhibiting Name:Company:	
Name:Company:	
Phone: E-mail:	
Payment Information:	
□ Check is enclosed (payable to ADHA)	
□ Payment by Credit Card  □VISA □MasterCard □Discover □Am	ıex
Card Number:Exp. Date:	
Print Name:	-
Signature:	
*Payment is non-refundable	
<b>3</b>	
Remittance:	

Please send your \$200 payment with this form to ADHA Meetings Team:

Mail to: 444 N. Michigan Ave.

Email to: exhibits@adha.net

Suite 400

Chicago, IL 60611

Questions? Phone: (312) 440-8903 Email: exhibits@adha.net