



**Subspecialty Day - Complimentary Attendee Mailing List Request Form**  
 (Due by: March 23, 2018)

**ONE COMPLIMENTARY ASCRS•ASOA MAILING LIST WILL BE FURNISHED UPON REQUEST FOR A ONE-TIME USE ONLY, IN ORDER TO PROMOTE YOUR BOOTH AT THE 2018 SUBSPECIALTY DAY EXHIBIT.**

**The FINAL sample of the mailing piece is required to accompany your request form along with the signed confidentiality One Time Use Agreement.**

The list request will not be considered until the final sample is approved by ASCRS•ASOA and signed agreement is received. You are advised to not send your mailer to print until ASCRS•ASOA has contacted you with written approval.

Requester Name \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Booth # \_\_\_\_\_

Email \_\_\_\_\_

**Contact Name/Company list is being sent to \_\_\_\_\_**

**Email Address to send list \_\_\_\_\_**

**Date to send list to the above contact: \_\_\_\_\_**

Below please select the type of list that is being requested:

- |                                   |                           |                             |                     |
|-----------------------------------|---------------------------|-----------------------------|---------------------|
| <b>ASCRS Subspecialty Day All</b> | <b>ASCRS Glaucoma Day</b> | <b>ASCRS Refractive Day</b> | <b>Cornea Day</b>   |
| _____ Domestic                    | _____ Domestic            | _____ Domestic              | _____ Domestic      |
| _____ International               | _____ International       | _____ International         | _____ International |
| _____ Both                        | _____ Both                | _____ Both                  | _____ Both          |

By submitting this order form, 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.**