



One Time Use Agreement Form – Mailing List (Due by: March 23, 2018)

THIS FORM IS REQUIRED TO BE SUBMITTED WITH YOUR MAILING LIST REQUEST FORM.

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 _____

Company Name _____ Booth # _____

Email _____

Requester Signature _____

Printed Name _____ Date _____

CONTACT NAME/COMPANY LIST IS BEING SENT TO

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 by March 23, 2018 to:

Jamie Barbera, ASCRS•ASOA Exhibits Manager

jbarbera@ascrs.org OR **FAX directly to:** (703) 547-8840



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:

ASCRS Subspecialty Day All

_____ Domestic
_____ International
_____ Both

ASCRS Glaucoma Day

_____ Domestic
_____ International
_____ Both

ASCRS Refractive Day

_____ Domestic
_____ International
_____ Both

Cornea Day

_____ Domestic
_____ International
_____ Both

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