



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

ASCRS♦ASOA

Membership Mailing List Order Form

Payment and sample of mail piece must be received prior to shipment of labels.

We reserve the right to refuse the sale of our mailing list based on review of the mail piece.

Type of List	Purchasing Company described as:	Electronic Format
ASCRS	JCRS/Administrative Eyecare/ EyeWorld advertiser/ Exhibitor	\$4500
ASCRS	Non-advertiser / Non-exhibitor	\$5500 (\$4500 domestic only)
ASOA	All	\$3500

PLEASE NOTE: The 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.

The ASCRS♦ASOA mailing list is the exclusive property of ASCRS♦ASOA and is protected by U.S. copyright law. 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 and other applicable laws.

Credit Card Number: _____ Expiration Date: _____

CVC: _____

Company Name: _____

Contact: _____

Credit Card Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email address: _____

LIST	Subspecialty	LOCATION	QTY.	AMOUNT
ASCRS	<input type="checkbox"/> Cataract <input type="checkbox"/> Refractive <input type="checkbox"/> Cornea <input type="checkbox"/> Glaucoma <input type="checkbox"/> All	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> Both		
ASOA	<input type="checkbox"/> N/A	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> Both		

Please send completed form, payment and sample mail piece to the below contact.

Please allow time for processing:

jbarbera@ascrs.org

ASCRS♦ASOA

4000 Legato Rd., Suite 700

Fairfax, VA 22033-4003

703.591.2220

703.547.8840 fax

Ship To:

Name: _____

Company: _____

Email: _____

Phone: _____

Date List Emailed: _____ Initials: _____