ACMS American College of Mohs Surgery

555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823
(414) 347-1103 • Fax: (414) 276-2146

Name _____

Company _____

Address _____

_____

City, State, ZIP _____

Office Phone _____ Fax _____

Email _____

I am enclosing the following items to complete this mailing list request:

- ❑ **Signed contract**
- ❑ **Payment**
- ❑ **A copy of the piece to be mailed**

Specifications

Type of Label	❑ 1-Up Pressure Sensitive (1-Row Labels) **OR** ❑ Excel Spreadsheet
Selection Criteria	❑ Complete Membership *(approx. 1,650 – Including 85 International Members)* - $700.00 ❑ Fellow Members *(approx. 1,050)* - $300.00 ❑ Fellows In Training *(approx. 110)* - $300.00 for request from members, $350.00 for non-members ❑ Program Directors- $100.00
Preferences	❑ Domestic/U.S. Only ❑ RUSH! – two day service including overnight delivery, additional $60.00 (labels)
Sorting Criteria	❑ Last Name Alphabetical ❑ ZIP Code

Total Payment Enclosed $_____

List rental fee payable in US currency by bank check, money order, VISA / MASTERCARD / AMEX.
Mail or fax order form along with copy of piece to be mailed. Indicate method of payment below:

☐ Check enclosed, payable to the American College of Mohs Surgery (ACMS).

☐ Credit Card - Check one ➔ ☐ MasterCard ☐ Visa ☐ American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐☐☐ (MM/YY)

RENTAL AGREEMENT

This agreement is subject to the following conditions:

By signing this agreement, the mailing list renter indicates that they will use this mailing list ONE TIME ONLY and only for the pre-approved promotional mailings. The renter shall treat this membership list and all mailing labels as confidential information. The renter shall not under any circumstances sell, loan, or circulate such membership lists to any third party, or use such membership lists for any other purpose. Upon delivery of the proposed mailing piece to ACMS membership, the list renter shall cease using the membership list. The mailing list renter agrees that in utilizing the ACMS membership list, he/she will not disclose, transfer, duplicate, reproduce or retain any portion of the list in any form, by photocopying, electronic or any other means. The mailing list renter agrees to reimburse ACMS for all costs which the College may incur in enjoining unauthorized parties from using the membership list in all cases where such unauthorized parties gained access to the membership through the renter listed above or any of the renter's agents or employees. The mailing list renter agrees the ACMS will have the right to monitor the use of the membership list. The mailing list renter agrees that the promotional piece supplied for approval with this agreement is the piece(s) that will comprise the mailing list. Signature below indicates complete acceptance of the above conditions and constitutes a contract between the ACMS and the below stated mailing list renter.

Mailing List Renter (Print Name): _____

Signature: _____ Date (MM/DD/YY): _____

Return this agreement, mailing materials and payment to:

ACMS • 555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823
Telephone: 800-500-7224 / 414-347-1103 • Fax: 414-276-2146