



AMERICAN ACADEMY OF SLEEP MEDICINE MAILING LIST ORDER FORM

Please complete this form and attach a sample of your mailing(s). Upon receipt of your mailing piece and completed order form and agreement (including payment, shipping information, and signed mail house agreement form if applicable), the AASM will review your application. Use of the AASM mailing list is contingent upon approval of the mailing piece. Please allow two weeks for processing.

The AASM Mailing List Order Form will NOT be reviewed unless the order form and agreement(s) are complete, signed, and sample is attached

1. Order Information

Order Date: _____ Company: _____
Contact: _____
Address: _____
City: _____ State: _____ Postal Code: _____ Country: _____
Telephone: _____ Fax: _____ E-mail: _____
Description of materials to be mailed: _____

2. List Details

Selection Criteria:

AASM Individual Members (\$300/M; \$300 minimum*)

- All Members
 Only Board Certified Sleep Specialists

**Approximate total quantities: 9,800 individual members (4,600 board certified sleep specialists), and 1,700 center members*

AASM Center Members (\$1/label; \$100 minimum*)

- All Members

Geographic Preference

- All Geographic Locations United States Canada/Mexico International
 Selected States: _____

List Sequence

- Zip Code Alphabetic by Last Name

List Format**

- E-mail (*Excel spreadsheet sent to a bonded third-party mail house ONLY.*)

E-mail address: _____

- Adhesive Labels (*peel and stick*)

**For security purposes, it is required that the mailing list be mailed or e-mailed to an established bonded third-party mail house. The mailing list order will not be processed unless the attached Mail House Agreement is completed and signed by a representative at the mail house. If the list renter purchases adhesive labels and attests that they will apply them to the pre-approved mail sample, then the list can be sent directly to the renter.

PLEASE CONTACT THE AASM AT (630) 737-9700, OR MAILINGLISTS@AASMNET.ORG,
WITH ADDITIONAL QUESTIONS REGARDING THE AASM MAILING LIST RENTAL AGREEMENT AND ORDER FORM OR TO GET A QUANTITY/PRICING QUOTE.

(OVER)

3. Shipping Information

Ship to:

- Ship to the address provided above (selection of this choice implies that the list renter attests that they will apply the mail list labels—adhesive format only—to the pre-approved mail sample only).
- Ship to the below address (bonded third-party mail houses only; Mail House Agreement must be completed and signed)

Company: _____

Mail House Representative: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Telephone: _____ E-mail: _____

Payment: *(complete this section for label orders only)*

All label orders will be shipped at the renter's expense via their choice of Federal Express (FedEx) or United Parcel Service (UPS). Orders will be sent using 2nd day service unless otherwise indicated below. Please provide your FedEx or UPS account number if you wish to have shipping costs charged directly to your account.

FedEx Account Number: _____

UPS Account Number: _____

Shipping Method *(if other than 2nd day service)*: _____

4. Payment *(prepayment by check or credit card is required)*

Approximate Payment Amount* _____

*Exact payment amount will be based on the number of names in the ordered list in addition to any applicable shipping charges (unless the list is delivered via e-mail or a FedEx or UPS account number is provided along with the order).

Check made payable to the AASM (U.S. funds drawn on a U.S. bank)

Credit card

VISA MasterCard American Express

Card Number: _____ Expiration Date: _____

Validation Code: _____ Name on Card: _____

Cardholder's Signature: _____