



2009 AAP Membership Mailing List Order Form

(This daily updated list is a highly effective way to reach thousands of periodontists.)

Please Complete Each Section:

Mailing List Licensing Fee (check one)

| | | |
|---|--|---|
| <input type="checkbox"/> Member: \$130 (Informational mailings only; for-profit promotions charged commercial rate) | <input type="checkbox"/> Affiliate Non-Profit Organization: \$332 (Mailings from non-profit organizations such as schools and local, regional, or state periodontal societies) | <input type="checkbox"/> Commercial: \$765 (Mailings promoting a for-profit product or service) |
|---|--|---|

Label Options

Membership Categories: (check one or more)
 (See demographics section Page 2 for category descriptions)

| | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Student | <input type="checkbox"/> International |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Life-Active | <input type="checkbox"/> All |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Life Non-Active | |

Distribution/Format: (check one)

E-mail/Microsoft Excel Format

Pressure-sensitive 3-up*/Label Format

*Add: \$50 for <1,000, \$100 for 1,000-5,000, \$130 for 5,000-8,000, \$175 for >8,000

Sort Order: (check one)

| | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Zip Code | <input type="checkbox"/> Alphabetical |
|-----------------------------------|---------------------------------------|

Special Selections: (check if applicable and attach description)

| | |
|---|---------------------------------------|
| <input type="checkbox"/> Selected States | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Selected AAP Districts | |



This agreement is made by and between the American Academy of Periodontology (the Academy) and (Licensee) for the licensing by the Academy to Licensee of the right to a one-time use of the Academy's mailing list subject to the following conditions:

1. **All persons submitting this form are required to submit a sample of the proposed mailing to the Academy for approval.** *Per AAP policy members may rent the AAP's mailing label list for the purpose of writing a letter in support of the candidates for AAP election, subject to review by the Leadership Development and Qualifications Committee. This process requires a minimum of 10 business days.
2. The mailing list must not be used to distribute any mailing other than the one approved by the Academy. A mailing that deviates in any way from the approved sample will be considered in violation of this agreement. Licensee must obtain Academy approval in writing for any changes made after a sample is approved.
3. The Academy has the right to deny approval of a mailing using its mailing list for any reason.
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5. Licensee may use the Academy mailing list for one mailing only.
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7. Payment must be received with Licensee's order prior to processing.

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of the foregoing shall entitle the AAP to any and all legal remedies available to it, both at law and in equity.

Please acknowledge your understanding and agreement with the above by signing below and return a signed copy, via fax or mail, to The American Academy of Periodontology.

* Note: A sample of the proposed mailing must be submitted along with this order form. The Academy rents its membership list for one-time use to members and commercial and not-for-profit organizations.

Contact/Shipping Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Preferred Service

Pending Academy approval, orders will be processed within 10 business days of receipt. For an additional 10% rush charge, orders can be processed in 3 business days once all materials and fees are received.

- 10 business days (no extra charge)
- Rush (3 business days); add 10%
- First Class Mail
- Fed Ex Overnight

Payment Information

Check Enclosed

Visa

MasterCard

Credit Card #: _____

Exp. Date: _____

Signature: _____

Agreed and Accepted

Name of licensee: _____ Date: _____

Signature: Company (if any): _____

Name of mailing house/printer (if any): _____

Telephone: _____

Representative of mailing house/printer: _____ Date: _____



COMPLETE AND RETURN THIS FORM ALONG WITH THE SAMPLE MAILING, SIGNED LICENSE AGREEMENT FORM, AND PAYMENT TO:

The American Academy of Periodontology
Attention: Membership Department
737 N. Michigan Avenue Suite 800
Chicago, IL 60611-6660
Telephone: 312/787-5518
Fax: 312/573-3225
E-mail: member.services@perio.org

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