



## 2008 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"/> <b>Member:</b> \$130<br>(Informational mailings only; for-profit promotions charged commercial rate) | <input type="checkbox"/> <b>Affiliate Non-Profit Organization:</b> \$332<br>(Mailings from non-profit organizations such as schools and local, regional, or state periodontal societies) | <input type="checkbox"/> <b>Commercial:</b> \$765<br>(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)

- Zip Code                       Alphabetical

**Special Selections:** (check if applicable and attach description)

- Selected States                       Other: \_\_\_\_\_  
 Selected AAP Districts



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- 1. All persons submitting this form are required to submit a sample of the proposed mailing to the Academy for approval.**
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**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](mailto:member.services@perio.org)

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**Annual Meeting Promotion and Marketing Opportunities**

Mailing lists of AAP Annual Meeting professional attendees may be purchased by Annual Meeting exhibiting companies. For more information and an order form, contact Melodie Anderson at 312/573-3214 or [melodie@perio.org](mailto:melodie@perio.org).