



# American Academy of Periodontology

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## 2018 AAP Membership Mailing List Order Form

This daily updated list of names and addresses is a highly effective way to reach thousands of periodontists. List does not include phone numbers, fax numbers or email addresses.

**Please Complete Each Section:**

**Mailing List Licensing Fee** (check one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Member:</b> \$300<br>(Informational mailings only; for-profit promotions charged commercial rate) | <input type="checkbox"/> <b>Affiliate Non-Profit Organization:</b> \$495<br>(Mailings from non-profit organizations such as schools and local, regional, or state periodontal societies) | <input type="checkbox"/> <b>Commercial:</b> \$980<br>(Mailings promoting a for-profit product or service) |
|   |  | <input type="checkbox"/> <b>Listing of Program Directors Only:</b> \$75                                   |

## Label Options

**Membership Categories:** (check one or more)

(Number in parentheses indicates the approximate number of members in each category as of Dec. 2017.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Active (3,606)  | <input type="checkbox"/> Student (723)      | <input type="checkbox"/> International (1645)       |
| <input type="checkbox"/> Associate (110) | <input type="checkbox"/> Life-Active (1038) | <input type="checkbox"/> International Student (32) |
| <input type="checkbox"/> Retired (657)   | <input type="checkbox"/> All (7,833)        |   |

**Distribution/Format:** (check one)

- Excel Spreadsheet (sent via e-mail)

**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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\* 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 15% 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 – at customer's expense); add 15%

## Payment Information

- Check Enclosed
- Credit Card

**For credit card payments:** Upon approval of your order, you will be contacted for credit card information. American Express, Visa and MasterCard are accepted.

## 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:**

American Academy of Periodontology  
Attention: Member Services 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)