



# **AACE Mailing List Policy and Agreement**

*(Please print or type information)*

1. Requestor shall utilize the U.S. Postal Service approved AACE mailing list, in a Microsoft Excel Comma Separated Values File (.csv) file format, for a one-time use only in accordance with the policy listed herein. **Please note:** Membership e-mail addresses are not available for purchase or distribution.
2. Requestor may not reproduce, market, or otherwise distribute the mailing list without the prior written consent of AACE.
3. Requestor must obtain written authorization from AACE to utilize the mailing list for the purpose of promoting, marketing, or advertising of journals or literature that are not published or sponsored by AACE.
4. Requestor must obtain written authorization from AACE to utilize the mailing list for the purpose of promoting, marketing, or advertising of products, drugs, medical equipment, personal services, or specific institutions.
5. With the approval of AACE, requestor may utilize the mailing list for the purpose of promoting a meeting, program, symposium, or educational activity that may be of interest to clinical endocrinologists within the following guidelines:
  - a. Dates and/or topic(s) of the meeting, program, or symposium must not conflict with the AACE Annual Meeting and Clinical Congress and must be held at least three months prior to the AACE Annual Meeting.
  - b. Dates and/or topic(s) of the meeting, program, or symposium must not conflict with a scheduled AACE clinical symposium, regional meeting, or educational activity.
6. The AACE Annual Meeting pre/post registration mailing list may be requested to promote an exhibit, event, or educational activity during the AACE Annual Meeting, as long as it does not conflict with a scheduled event. Annual Meeting draft materials must be approved by AACE prior to mailing.
7. Requestor may not utilize the mailing list for job posting purposes. All requests related to advertised employment opportunities should be submitted through AACE Endocrine Careers®.

Purpose of mailing list: \_\_\_\_\_  
 (Please return this form with a sample of your mailing piece)

Fees: \$900 domestic  
 \$90 per state indicated: \_\_\_\_\_

This Agreement made between AACECORP and \_\_\_\_\_  
 (Organization).

Signature of Requestor: \_\_\_\_\_

Print or type name of Requestor: \_\_\_\_\_

*For use by AACE only*	
<input type="checkbox"/> Approved by AACE	<input type="checkbox"/> Disapproved by AACE
Signature: _____	Date: _____

**Please mail or fax this Agreement, Mailing List Request Form,  
 and sample mailing piece with payment to:  
 AACECORP (ATTN: Ashley Holloway)  
 245 Riverside Avenue, Suite 200, Jacksonville, FL 32202  
 Phone: (904) 353-7878 Fax: (904) 404-4229**