

American Association of Clinical Endocrinologists (AACE)

(Revised 9/11/03)

MAILING LIST REQUEST FORM

Requestor Information

Date: _____

Name of Organization: _____

Point of Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Shipping Address: (check here if same as above)

Name of Organization: _____

Point of Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check the following details:

1. E-mail (list address below) or 3 1/2" disk (ASCII format, comma delimited text)
2. Domestic only International only Domestic and International
3. Annual Meeting Pre & Post Registration List *

* *List only available one month prior to or after the AACE Annual Meeting.*

4. Sort by: Zip Code By Country (international) Alphabetical by last name

5. Requested by (date): _____

6. Method of shipment:

E-mail (please provide e-mail address): _____

Priority Mail

Overnight (at your expense) (FedEx, UPS, Airborne) Account #:

Method of Payment

\$500 for entire membership or annual meeting list or \$50 per state

Check Visa MasterCard AMEX Discover

Card #: _____ Expiration Date: _____

Signature: _____

AACE Mailing List Policy and Agreement

(Please print or type information)

1. Requestor shall utilize the AACE mailing list for a one-time use only in accordance with the policy listed herein.
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, or medical equipment.
5. With the approval of AACE, requestor may utilize the mailing list for the purpose of promoting a meeting, program, symposia, 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 symposia 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 symposia must not conflict with a scheduled AACE Clinical Symposia, 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.

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

Fees: \$500 for entire mailing list
\$500 for AACE Annual Meeting pre/post registration list
\$50 per state as indicated: _____

This Agreement made between the American Association of Clinical Endocrinologists (AACE) and
_____ (Organization).

Signature of Requestor: _____ Date: _____

Print or type name of Requestor: _____

Approved by AACE Disapproved by AACE * for use by AACE only *

Signature: _____ Date: _____

Name & Title: _____

Please mail or fax this Agreement and Mailing List Request Form with payment to:

**AACE (ATTN: Director of Membership Services)
1000 Riverside Avenue, Suite 205, Jacksonville, FL 32204
Phone: (904) 353-7878 Fax: (904) 353-8185**