

# Mailing List Order Form & Licensing Agreement

MAILING LIST CONSISTS OF NAME & ADDRESS ONLY FOR US AND CANADA

Phone, Fax, Email Address will not be provided.

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Person to receive excel file if different from above:

Name \_\_\_\_\_ Email \_\_\_\_\_

## Agreement

By signing this licensing agreement you understand this list is for ONE-TIME use only. You agree to prevent duplication, transfer or reproduction of the list, or information thereof, in any form whatsoever, and to the other terms attached to this form. To receive the mailing list, this licensing agreement must be signed by an authorized individual from the purchasing organization. This list has been seeded with decoy names to detect any unauthorized use.

Signature \_\_\_\_\_

### ASPS Member\*\*

Active Members and Candidate for Active Membership List \$500.00

Resident and Fellows List \$500.00

– Or –

\$100.00 per State, List States: \_\_\_\_\_

Print Name \_\_\_\_\_

ASPS ID# \_\_\_\_\_

*\*\*For Personal use only. Examples of personal use: Recruitment of plastic surgeon to join practice or selling equipment. Members requesting list to market programs and meetings not affiliated with ASPS will pay non-member rate.*

### Non Member

Active Members and Candidate for Active Membership List \$1500.00

Resident and Fellows List \$1500.00

### Other

State or regional plastic surgery society: No charge for advocacy mailings only.

Corporate Leadership Council (CLC) Members (25% discount from non-member price) \$1125.00

### Attach a sample of the printed material to be mailed.

*Please note your order will not be processed until ASPS receives the final version of the promotional/marketing material via email, mail or fax. Drafts or word documents will not be accepted.*

Total Due to ASPS: \$ \_\_\_\_\_  
(fee is for one time use only)

Completed request form, payment and a final version of the promotional materials are required before a list can be sent.

Payment Options:  Check

Credit Card:  VISA®  MasterCard®  American Express®

Name on Card (print) \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_



**Thank you for your order. Please allow up to one week for processing.**

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The American Society of Plastic Surgeons® (ASPS) reserves the right to determine which companies, individuals or groups will be permitted to license the membership mailing list.

*The following criteria shall apply to all mailing list license requests:*

- ❖ All requests for membership mailing list must include a copy of the proposed mailing/final printer's proof along with a completed Mailing List Order Form with name, signature and title of official representative licensing the list, and payment in full.
- ❖ Requests from companies, individuals or groups whose products or services are comparable to those provided by ASPS or The PSF will be considered on an individual basis.
- ❖ Requests from companies, individuals or groups making false, deceptive or misleading claims or statements or engaged in deceptive marketing practices or techniques will not be accepted.
- ❖ Companies, individuals or groups may not include in the mailing piece and/or on the envelope, the proper names of American Society of Plastic Surgeons® and/or The Plastic Surgery Foundation® or acronyms of ASPS® or The PSF® unless there is an endorsement and/or co-sponsorship agreement currently in place.
- ❖ ASPS and The PSF are not responsible for claims made in the mailing piece.
- ❖ It is the sole responsibility of the purchaser to comply with all legal requirements relating to the marketing and sale of products or services. By providing ASPS with a mail piece or a mailing printer's proof, the licensee represents they have so complied.
- ❖ Company/individual must be in good standing with ASPS and The PSF with no outstanding bills or invoices. Full payment must accompany form.

**Breach of the licensing agreement may jeopardize your future purchase of mailing lists.**



***If you have questions or need additional information please contact:***

**ASPS Member Services**

444 East Algonquin Road

Arlington Heights, IL 60005-4664

Attn: Paula Scala

Phone: 800-766-4955

Fax: 847-228-7099

Email: [memserv@plasticsurgery.org](mailto:memserv@plasticsurgery.org)