

ASBH MAILING LIST RENTAL

The following policies apply to the rental of the ASBH mailing list:

- All mailing list purchases must adhere to the ASBH Advertising Policy.
- ASBH reserves the right to withhold approval of the use of its membership list at its discretion.
- Only member addresses are available for one-time use. Member e-mail addresses will not be shared with other organizations.
- Materials to be distributed must be submitted and reviewed by the ASBH staff to ensure consistency with the ASBH mission. A sample of the mailing piece must accompany the orders. All orders are subject to approval.
- The ASBH member mailing list is not available for promotion of membership in other healthcare organizations.
- Complete payment must accompany the orders. We do not invoice for list rental.
- Labels will be sent **7-10 working days** from the date the **complete order** is received.
- There are approximately 1,800 labels in the complete membership list.
- Advertiser assumes entire responsibility and liability for losses, damages, and claims arising out of injury or damage that may occur as a result of said advertising. Advertisers will indemnify, defend, and hold harmless ASBH and AMC and their responsibility, claim, cost, or expense of any kind whatsoever (including attorney's fees) which any of them may incur, suffer, pay or be required to pay, incident to or arising directly or indirectly from any intentional or negligent act or omission of the advertiser, its employees, agents, licensees, or invitees. Products and services advertised in any ASBH publication or website are not necessarily endorsed by ASBH.
- Your signature below signifies that you understand and agree to the terms above.

LIST RENTAL ORDER FORM

Ship To:

Name: _____

Signature: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Payment: ☐ I am an ASBH Member - **\$200**
☐ I am not an ASBH Member - **\$300**

Format: ☐ 4-Up Pressure Sensitive Labels
☐ Excel File - add **\$50** set-up fee

Order: ☐ Alpha ☐ Zip Code (*Lists will be in zip order unless otherwise specified.*)

Send Via: ☐ USPS
☐ Rush - Mail **5 working days** after receipt of complete order - add **\$50**
☐ Federal Express - Purchaser's FedEx Acct # _____
☐ UPS Overnight - add **\$20**
☐ UPS 2nd Day - add **\$10**

Credit Card #: _____ Exp Date _____

Name on card: _____

Complete and return this form with sample mailing and payment to:

info@asbh.org

or

ASBH
1061 American Ln Ste 310
Schaumburg, IL 60173
847/375-4745 (phone)

<i>For ASBH office use only:</i> Complete order received _____ Labels ordered _____ Total # of labels _____ Date Shipped _____
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