

Mailing List Rental Agreement



Name of Mailing List Renter: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Address: _____

Description of Mailing Piece (*a sample mailing piece must accompany this agreement*):

Anticipated Date of Mailing: _____

Date List Needed: _____

List Format Preferred: Pressure-sensitive mailing labels Electronic list

Mailing List Options

The standard mailing list is provided on pressure sensitive labels and mailed via the U.S. Postal Service, or in electronic format within 10 business days of AcademyHealth's receipt of your completed rental agreement. **AcademyHealth's organizational affiliate members may receive two complimentary standard mailing lists each year.** (Organizational members must also submit a complete renter's agreement.)

Entire List (\$150/1,000 names) _____
approximately 3,800 members

Special Sort (\$150/1,000 names, minimum charge \$150)
Type of Member (*individual, senior, fellow, student*) _____

Specific State(s) _____

Specific Country(s) _____

Rush Service (5 business days) _____
Additional \$25 for electronic list

Rush Delivery (2 business days) _____
Additional \$50 for making labels sent by FedEx or UPS

Billing Information*

Attention: _____ Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

* Please fill out this billing section if the labels/electronic list are being billed to a third party.

AcademyHealth agrees to rent its mailing list or the portion explained to the previously mentioned renter for the sum of \$150 per 1,000 names. The renter may choose to rent fewer than 1,000 names, but will be charged a minimum of \$150. **The mailing list is rented for a one-time use only.** Use of the name "AcademyHealth" is not authorized.

This agreement is subject to the following conditions:

1. The mailing list renter agrees that in utilizing the AcademyHealth membership list s/he will not disclose, transfer, duplicate, reproduce, or retain any portion of the list in any form whatsoever.
2. The mailing list renter agrees to reimburse AcademyHealth for all costs which AcademyHealth may incur in enjoining unauthorized parties from using the membership list in all cases where such unauthorized parties gained access to the membership through the renter listed above or any of the renter's agents or employees.
3. The mailing list renter agrees that AcademyHealth will have the right to monitor the use of the mailing list.
4. The mailing list renter agrees to submit a sample mailing piece to AcademyHealth. AcademyHealth has the right to deny rental of the list based on a review of the materials to be distributed to the names on the list.

Signature below indicates complete acceptance of the above conditions and constitutes a contract between AcademyHealth and the above stated mailing list renter. Any questions regarding the mailing list may be directed to the membership department at 202.292.6700.

Name	Organization Name	Date
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Please return the rental agreement with a sample mailing piece to:

Regina Onyango
Membership Coordinator
AcademyHealth
1150 17th Street, NW, Suite 600
Washington, DC 20036
Tel: 202-292-6700 | Fax: 202-292-6800
Email: regina.onyango@academyhealth.org

For Office Use Only:

Count of labels provided _____ Date labels sent _____

Cost of labels \$ _____

Rush Fee \$ _____

Invoice Amount \$ _____