

# International Association of Healthcare Central Service Materiel Management

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Instrumental to Patient Care®

## MAILING LIST RENTAL

### DISCLAIMER

Mailing list rentals are for a one-time use only. Lists may be purchased by current advertisers, exhibitors and sponsors (or companies on their behalf). Lists will contain name and designated mailing addresses (customer primary mailing address or e-Mail address or both), and will be emailed in Excel format. To the extent possible, an IAHCSMM member's name and address will not be given or sold to any individual, institution, or association if the consent is denied by the individual member.

**IAHCSMM does not approve or endorse the content of the mailing announcement and no reference to IAHCSMM should be made within the mailing announcement.**

Five working days are required to process an order. A copy of the promotional piece must accompany the order for processing to occur. The mailing piece must be approved by IAHCSMM before a list will be sent. IAHCSMM will not endorse any product or service. The cost for list rental is \$0.25 per address (per mailing address or per e-Mail address). No additional handling fees will be required. This form must be completed in full and should accompany the sample of the promotional piece (no lists will be sent until the promotional piece has been approved by IAHCSMM). Upon approval, pre-payment is required before the list will be sent to the primary contact person's email listed on this form.

### Send Invoice To:

Company/Agency Name: \_\_\_\_\_

If advertising on behalf of another company, please indicate Parent Company here: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address                      Suite Number                      City                      State/Province                      Zip/Postal Code                      Country

Primary Contact Info: \_\_\_\_\_  
Phone                      Fax                      Primary Contact E-Mail (where the list will be sent)

### Mailing List Type:

Purpose for List Rental: \_\_\_\_\_

Expected mail/e-Mail date to IAHCSMM members: \_\_\_\_\_

Please indicate from below the type of list you are requesting:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Manager/Supervisory Level Only | <input type="checkbox"/> Technician Level Only | <input type="checkbox"/> Total Membership                                    |
| <input type="checkbox"/> United States                  | <input type="checkbox"/> Plus Canada           | <input type="checkbox"/> Plus International                                  |
| <input type="checkbox"/> Primary Mailing Address Only   | <input type="checkbox"/> E-Mail Address Only   | <input type="checkbox"/> Both Primary Mailing Address<br>Plus E-Mail Address |

### SIGNATURE OF AGREEMENT

I agree that I am using the IAHCSMM mailing list, one time only, solely for the purpose stated above. I understand that lists will be purged of duplicates, and that all lists will be seeded with decoy names to detect unauthorized usage. This is for your protection as well as ours. I understand that reproduction, copying or duplicating in any way for any other purpose is strictly prohibited. Violation of this agreement will suspend my and my Parent Company's list rental privileges indefinitely.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date