



# APPI Mailing List Order Form

APPI offers the non-exclusive rental of the membership mailing list to companies that we feel would be of benefit to the APPI membership at large. To obtain an APPI mailing list, complete the following form, select your filter criteria (if desired) and send the form, with a sample of the mailing, to APPI. **Mailing lists are for one-time use only.**

Please note: The ACRP non-physician member list is sold separately. For the ACRP mailing list order form, please visit [www.acrpn.net.org](http://www.acrpn.net.org).

## Order Form

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Brokers Client (if applicable): \_\_\_\_\_ Broker Contact Name: \_\_\_\_\_

**Available filter categories** (list may be filtered by the following selections if desired):

### Geographic Breakdown

- Eastern US (ME,VT,NH,MA,NY,RI,PA,CT,NJ,DE,MD,DC, VA,WV,NC)
- Southern US (TN,MS,LA,AK,OK,TX, GA,FL,AL, SC)
- Central US (OH,MI,IN,KY,IL,IA,WI,MN, KS,CO,NE,WY,ND,SD,AK,MT)
- Western US (NM,HI,AZ,UT,NV,CA,ID,OR,WA)
- Canada and International Countries

To receive a complete, un-filtered list do not make any filter selections

## Fees & Handling

Approximate Qty	Description	Price per name
1,200	Physician members	\$1.00

Minimum Order: 500 names (\$500)  
 Additional names: \$1.00 per name

### Delivery Method

- Electronic File (email) - \$50 administrative fee included
- Labels - \$100 administrative fee included (please include address below)

Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_

### Additional Handling Fees

- Express 2-3 business day delivery - \$75 additional fee

NORMAL TURN-AROUND TIME IS 10 BUSINESS DAYS ONCE ORDER FORM, SAMPLE, AND PAYMENT HAVE BEEN RECEIVED. **SAMPLE MAILING PIECE AND SIGNED LICENSE AGREEMENT ARE REQUIRED FOR APPROVAL.** ALL LISTS MUST BE PREPAID. CANCELLATION PRIOR TO SHIPPING WILL INCUR A \$50 CHARGE.

### Payment information

APPI will contact you with the payment amount prior to processing payment. If paying by check, please send order form to APPI via email (provided in footer) in order to obtain the full payment amount.

#### Credit Card Payment:

Credit Card Type (circle one):      Visa    Mastercard    AmericanExpress

<b>Total Payment Amount:</b> \$ _____
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Credit Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_      Exp Date: \_\_\_\_\_

#### Check Payment (make checks payable to APPI):

Name on Check: \_\_\_\_\_      Check #: \_\_\_\_\_

## License Agreement

For the agreed upon use by the undersigned (“Licensee”) of APPI’s Membership Mailing Labels or List.

APPI is a non-profit organization. Our activities are predicated upon the goodwill and help of our members and industry sponsors, contractors and consultants, and depend largely on our ability to generate sustaining income from activities such as the non-exclusive rental of our mailing list.

1. APPI grants Licensee a non-exclusive, non-transferable limited license to use the mailing list on a **one-time basis only** for the Authorized Use set forth below.
2. Licensee agrees that approval will be authorized at APPI’s sole discretion and only if the mailing does not present a conflict of interest and does not impact the objectivity of the academy and its members, in which case would result in an immediate denial.
3. Licensee hereby agrees that the mailing list will in no fashion be given, traded, copied, sold, or otherwise distributed or made available to another person or organization nor used for the extraction of data for telephone solicitation of any kind.
4. APPI is not responsible for and does not warrant the outcome of the mailing or the accuracy or completeness of data beyond our control. The list is provided as-is, without warranties of any kind. APPI disclaims all warranties, express and implied, relating to the list.
5. Licensee will indemnify, defend, and hold APPI, its employees, and/or Board of Trustees harmless for any damages or claims arising out of the use of the mailing list or any breach of this Agreement by Licensee.
6. APPI reserves the right to cancel or provoke Licensee’s use of mailing information at any time by letter or verbal notification.
7. Licensee shall make no claims that the distributed material is in any way endorsed by APPI. Licensee shall make no use of APPI’s name or trademarks without APPI’s prior written consent.
8. Licensee states its use of the mailing list by submitting a sample copy of what will be mailed, detailing its contents. Licensee agrees to bear all costs associated with this transaction and any conferring fees generated after this transaction. Cost is \$1.00 a name, with a minimum charge of \$500. Upon receipt of payment, mailing information will be released.

I agree to the above terms and conditions:

\_\_\_\_\_  
Licensee’s Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

*FOR OFFICE USE ONLY*

Approval Date \_\_\_\_\_ Denial Date and Reason \_\_\_\_\_

Count \_\_\_\_\_ Total Charged \_\_\_\_\_ Date Sent \_\_\_\_\_