

Mailing List Rental Form

Please complete and return this form along with a copy of the materials to be sent to the Academy membership. Lists will not contain e-mail addresses or phone numbers. Lists will not be sent until we are in receipt of the above mentioned materials.

Approved materials will be kept on file.

Mail:

American Academy of Audiology
Attn: Membership
11480 Commerce Park Dr.
Suite 220
Reston, VA 20191

E-Mail:

membership@audiology.org

Fax:

703-790-8631

For Office Use Only

Number _____

Cost _____



Contact Information

FIRST NAME _____ LAST NAME _____ ACADEMY ID _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

List Information

Order Date _____

Send the membership list via Disk E-mail (Excel spreadsheet)

Sort by Zip Code Alpha Name Other _____

Categories (check all that apply)

Entire Membership (domestic and international)

Domestic Only

Domestic and Canadian Only

Exclude Student Members

State(s) _____

Zip Code Range: _____

Other: _____

Demographics (check all that apply)

<p>Position</p> <p><input type="checkbox"/> Audiologist</p> <p><input type="checkbox"/> Clinical Audiologist</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Educational Audiologist</p> <p><input type="checkbox"/> Owner</p> <p><input type="checkbox"/> Pediatric Audiologist</p> <p><input type="checkbox"/> Research Audiologist</p> <p><input type="checkbox"/> Professor/Instructor</p>	<p>Primary work setting</p> <p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Corporate Audiology Group Practice</p> <p><input type="checkbox"/> ENT/Physicians Office</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Manufacturer</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> Private Practice—owner or own equity</p> <p><input type="checkbox"/> Private Practice—employee only</p> <p><input type="checkbox"/> Primary/Secondary School</p> <p><input type="checkbox"/> VA</p> <p><input type="checkbox"/> University</p>	<p>Specialties</p> <p><input type="checkbox"/> Audiologic Rehabilitation:</p> <p><input type="checkbox"/> Adult <input type="checkbox"/> Pediatric</p> <p><input type="checkbox"/> Auditory Evoked Response (ABR)</p> <p><input type="checkbox"/> Auditory Processing Disorders</p> <p><input type="checkbox"/> Cochlear Implants</p> <p><input type="checkbox"/> Diagnostics</p> <p><input type="checkbox"/> Adult <input type="checkbox"/> Pediatric</p> <p><input type="checkbox"/> Electronystagmography (ENG)</p> <p><input type="checkbox"/> Hearing Aid Dispensing</p> <p><input type="checkbox"/> Hearing Conservation</p> <p><input type="checkbox"/> Intraoperative Monitoring</p> <p><input type="checkbox"/> Newborn Hearing Screening</p> <p><input type="checkbox"/> Tinnitus</p> <p><input type="checkbox"/> Vestibular Testing/Rehab</p>
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Primary function

Administration

Clinical Service Provider

Education

Research

Years in practice or profession

Less than 3

3-5

6-10

11-15

More than 15

By renting the Academy's mailing list, I agree that the list is for **one-time** use of approved mailing piece(s) only and may not be copied to a database or sold/distributed to any third party. Once I have received the list, the sale is final. No discounts or refunds will be given. I agree that if these terms are violated, that I will be charged the regular rate for the size of the list provided plus a fine of \$2,000.

SIGNATURE _____

Payment Information

Based on your criteria, Academy staff will provide the number of names found and will notify the applicant, so that payment can be confirmed and processed. There is a \$50 minimum charge.

33¢/Name (Regular Rate) 22¢/Name (Academy Member Discount) 11¢/Name (SAA Member Discount)

Shipping \$3.00 regular mail \$15.00 FedEx No charge to e-mail

Payment Method

Check enclosed payable to American Academy of Audiology Inc.

Visa MasterCard American Express Discover

CARDHOLDER'S NAME _____

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER'S SIGNATURE _____