

# Mailing List Rental

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  
11730 Plaza America Drive  
Suite 300  
Reston, VA 20190

**E-Mail:**  
membership@audiology.org

**Fax:**  
703-790-8631

## 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)

### Position

- Audiologist
- Clinical Audiologist
- Consultant
- Director
- Educational Audiologist
- Owner
- Pediatric Audiologist
- Research Audiologist
- Professor/Instructor

### Primary function

- Administration
- Clinical Service Provider
- Education
- Research

### Primary work setting

- Clinic
- Corporate Audiology Group Practice
- ENT/Physicians Office
- Hospital
- Manufacturer
- Military
- Private Practice—owner or own equity
- Private Practice—employee only
- Primary/Secondary School
- VA
- University

### Years in practice or profession

- Less than 3
- 3-5
- 6-10
- 11-15
- More than 15

### Specialties

- Audiologic Rehabilitation:
  - Adult  Pediatric
- Auditory Evoked Response (ABR)
- Auditory Processing Disorders
- Cochlear Implants
- Diagnostics
  - Adult  Pediatric
- Electronystagmography (ENG)
- Hearing Aid Dispensing
- Hearing Conservation
- Intraoperative Monitoring
- Newborn Hearing Screening
- Tinnitus
- Vestibular Testing/Rehab

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 \_\_\_\_\_

## For Office Use Only

Number \_\_\_\_\_  
Cost \_\_\_\_\_

## 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 \_\_\_\_\_