

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

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)

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 _____

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 _____