

# 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  
11480 Commerce Park Drive  
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)

### 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 \_\_\_\_\_ C/W CODE \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_