555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823 (414) 347-1103 • Fax: (414) 276-2146

Name		
Company		I am enclosing the following items to complete this mailing
Address		list request:
City, State, ZIP _		☐ Signed contract☐ Payment
Office Phone	Fax	A copy of the piece to be mailed
Email		30 30 113.1103
Specification	<u>s</u>	
Type of Label	☐ 1-Up Pressure Sensitive (1-Row Labels) OR ☐ Exc	el Spreadsheet
Selection Criteria	□ Complete Membership (approx. 1,650 – Including 85 International Members) - \$700.00 □ Fellow Members (approx. 1,050) - \$300.00 □ Fellows In Training (approx. 110) - \$300.00 for request from members, \$350.00 for non-members □ Program Directors- \$100.00	
Preferences	□ Domestic/U.S. Only □ RUSH! – two day service including overnight delivery, additional \$60.00 (labels)	
Sorting Criteria	☐ Last Name Alphabetical☐ ZIP Code	ditional \$60.00 (labels)
Total Payment F	Enclosed \$	
Mail or fax order fo	able in US currency by bank check, money order, VISA / MAS orm along with copy of piece to be mailed. Indicate method of d, payable to the American College of Mohs Surgery (ACMS).	payment below:
Credit Card - C	theck one → □ MasterCard □ Visa □ Am	erican Express
Expiration Date:	(MMYY) Security Code:	
By signing this agreem mailings. The renter shoan, or circulate such piece to ACMS membelist, he/she will not discount in all cases where semployees. The mailing promotional piece supports.	Tect to the following conditions: lent, the mailing list renter indicates that they will use this mailing list ONE TIME that this membership list and all mailing labels as confidential information membership lists to any third party, or use such membership lists for any othership, the list renter shall cease using the membership list. The mailing list reclose, transfer, duplicate, reproduce or retain any portion of the list in any formagrees to reimburse ACMS for all costs which the College may incur in enjoin such unauthorized parties gained access to the membership through the renter glist renter agrees the ACMS will have the right to monitor the use of the membership through with this agreement is the piece(s) that will comprise the make conditions and constitutes a contract between the ACMS and the below states.	The renter shall not under any circumstances sell, or purpose. Upon delivery of the proposed mailing inter agrees that in utilizing the ACMS membership in, by photocopying, electronic or any other means. In ingunauthorized parties from using the membership is itsed above or any of the renter's agents or in mbership list. The mailing list renter agrees that the illing list. Signature below indicates complete
Mailing List Rente	r (Print Name):	
Signature:	Date (MM/DD/YY):