



## 2016 ACNM Mailing List Agreement

*Must be signed and returned with order*

1. Renter understands and agrees that the American College of Nurse-Midwives is making its annual meeting mailing list available to renter on a **ONE TIME** use basis during the calendar year 2016 except for where noted and solely for renter's use as stated on the request form(s) submitted. Any other use for any purpose expressly prohibited unless ACNM grants permission for such use in writing and renter pays the appropriate fee for such use. **The cost of each record is .165**
2. Renter shall not distribute, redistribute, the mailing list, in whole or in part.
3. Renter shall not cause or permit the mailing list, in whole or in part, to be copied, reproduced, photocopied, entered into a computer database, or otherwise duplicated in any format.
4. The mailing list is for direct mail purposes only. Telemarketing to the persons on this list is EXPRESSLY PROHIBITED unless approved in writing by ACNM.
5. Renter shall make no claims that the direct mail is in any way endorsed by ACNM without prior written approval from ACNM.
6. Renter understands and agrees that ACNM's mailing list is the property of ACNM, is valuable proprietary information and that renter's breach of the provisions of this rental agreement would cause serious financial damage to ACNM which would be difficult to quantify. Accordingly, renter agrees to pay ACNM a sum equal to three times the invoiced rental fee as liquidated damages for each and every instance of a breach of this rental agreement.

Renter hereby agrees to and accepts the terms and conditions of the rental as stated herein.

Renter: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Return this form to:

**ACNM Membership**

8403 Colesville Rd Suite 1550

Silver Spring, MD 20910-6374

[membership@acnm.org](mailto:membership@acnm.org)/ Fax: 240-485-1818

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Select criteria:

Selected States [indicate below]  Full ACNM Membership Mailing List  Full ACNM Mailing List

STATEMENT OF PURPOSE FOR MAILING (also attach sample mail piece.)

Name & Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Purch. Order No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information - Please note: Receipt will be emailed with your purchase.

<input type="checkbox"/> Amount enclosed/charged \$ _____	
Payment made by <input type="checkbox"/> Check (Payable to ACNM) Check Number _____	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEx <input type="checkbox"/> Discover	Exp Date _____ CVV 2 _____
Account Number	Signature
Name on Card	