

ACNM MAILING LIST RENTAL AGREEMENT

Must be signed and returned with order

1. Renter understands and agrees that ACNM is making its mailing list available to renter on a ONE-TIME ONLY basis and solely for renter's use as stated on the request form. Any other use of the mailing list for any purpose is specifically prohibited unless ACNM grants permission for such use in writing and renter pays the appropriate fee for such use.
2. Renter shall not distribute the mailing list or any part thereof (except for the purpose stated), and shall not copy, photocopy, reproduce, enter into a computer database, or otherwise duplicate in any format any part of the mailing list.
3. Renter shall not cause or permit the mailing list to be copied, reproduced, photocopied, entered into a computer database, or otherwise duplicated in any format, in whole or in part.
4. This mailing list is for direct mail or research 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 mailing is in any way endorsed by ACNM without prior written approval from ACNM.
6. Renter understands and agrees that ACNM's mailing list 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 of exact proof. Accordingly, renter agrees to pay ACNM a sum equal to three times the invoiced rental fee as liquidated damages for each and every breach of this rental agreement.

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

Renter: _____

By: _____

Title: _____

ACNM MAILING LIST REQUEST FORM
(Please see Mailing List Policy for special ordering instructions and costs)

Select criteria: Entire ACNM Membership List US-only
 By State or Zip Code: Please indicate state(s) or Zip Code(s)

Sort order: Zip Last Name Other _____

Client status: For-Profit Non-Profit Research/Survey

Output medium: Cheshire Labels Pressure-sensitive labels*
 Electronic file, on a 3.5" diskette* or Sent via e-mail* to: _____

Client Deadline: _____ If less than one week from receipt, this will be a Rush Order*
*Additional charges apply

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

Special Key Code for labels: (if applicable) _____ Payment enclosed Bill to address below

Name & Title _____

Organization _____

Street Address _____

City/State/Zip _____

Purch. Order No. _____ Contact Person _____

Telephone No. _____ Date _____

Special mailing instructions: _____

Ship to (if different): _____

Please ship labels via: Priority Mail
 Federal Express - Account to be charged _____
FedEx delivery time: Next morning Next afternoon 2nd day

PLEASE SEND TO:
Associate Director for Membership
8403 Colesville Rd • Suite 1550
Silver Spring, MD 20910-6374
Fax: 240-485-1818