



Research Agreements

Research Email List Agreement

Must be signed and returned with order

1. The researcher understands and agrees that the American College of Nurse-Midwives will deploy the survey email on their behalf on a **ONE-TIME** basis during the calendar year _____ (enter YYYY).
2. The cost for this service is \$0.43 per record plus a \$100.00 administrative fee. This cost also includes one reminder email and two open rate reports (one for the initial email and one for the reminder).
3. Please note, additional email outside of the stipulations outlined above are subject to a new purchase.
5. Renter shall make no claims that the survey email is in any way endorsed by ACNM without prior written approval from ACNM.

The researcher hereby agrees to and accepts the terms and conditions as stated herein.

Researcher: _____

Organization: _____

Title: _____

Return this completed and signed form to: researchsurveys@acnm.org

Research Mailing List Agreement

Must be signed and returned with order

1. The researcher understands and agrees that the American College of Nurse-Midwives is making its mailing list available to them on a **ONE-TIME** use basis during the calendar year___ (enter YYYY). 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.
2. The cost for the mailing list is \$0.43 per record plus a \$100.00 Administrative Fee.
3. The researcher shall not distribute, redistribute, the mailing list, in whole or in part.
4. The researcher shall not cause or permit the mailing list, in whole or in part, to be copied, reproduced, photocopied, uploaded, or otherwise duplicated in any format.
5. The researcher shall make no claims that the survey mail is in any way endorsed by ACNM without prior written approval from ACNM.
7. The researcher 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 instance of a breach of this rental agreement.

The researcher hereby agrees to and accepts the terms and conditions as stated herein.

Researcher: _____

Organization: _____

Title: _____

Return this completed and signed form to: researchsurveys@acnm.org

Research Mailing/Emailing List Agreement

Select Criteria

† Selected States [Please indicate which state affiliates]

† Full ACNM Member Mailing

† Other (e.g. retired midwives, students,
etc.) _____

Researcher's Name & Title: _____

Organization: _____

Street Address: _____ City/State/Zip _____

Email address: _____

Telephone No. _____ Date _____

Payment required prior to deployment.

Receipts will be emailed to the researcher.

Amount Due \$ _____

Payment made by Check (Payable to ACNM) Check Number: _____

Charge Amount Due to:

VISA MasterCard AmEx Discover

Exp Date _____ CVV 2 _____

Account Number _____

Name on Card _____

Signature: _____