

**Research Email List Agreement**

*Must be signed and returned with order*

1. The researcher understands and agrees that the American College of Nurse-Midwives (ACNM) 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.
3. Please note, follow up emails are subject to a new purchase of $0.43 per record, however, the administrative fee will be assessed.
4. The researcher will be provided with one open rate report per email.
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:

# MPEGO Coordinator

**Midwifery Practice, Education and Global Outreach**

8403 Colesville Rd Suite 1230 Silver Spring, MD 20910-6374 mpego@acnm.org

Fax: 240-485-1818



**Select Criteria**

**Research Email List Agreement**

* Selected States [Please indicate which state affiliates]
* Full ACNM Member List

# STATEMENT OF PURPOSE FOR MAILING

Researcher’s Name & Title:

Organization:

Street Address: City/State/Zip

Email address:

Telephone No. Date

# Payment required prior to e-blast 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  DiscoverExp Date CVV 2 Account Number Name on Card Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |