

**Research Mailing List Agreement**

*Must be signed and returned with order*

1. The researcher understands and agrees that the American College of Nurse-Midwives (ACNM) 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 and every 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:

# MPEGO Coordinator

**Midwifery Practice, Education and Global Outreach**

8403 Colesville Rd Suite 1230 Silver Spring, MD 20910-6374 [mpego@acnm.org](mailto:mpego@acnm.org)

Fax: 240-485-1818



**Select Criteria**

**Research Mailing List Agreement**

* Selected States [Please indicate which state affiliates]
* Full ACNM Member Mailing 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  Discover  Exp Date CVV 2  Account Number Name on Card  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |