



Ambulatory Surgery
Center Association

MAILING LIST RENTAL AGREEMENT: ASCA 2017

The following terms apply to any person renting mailing lists from ASCA.

1. All rental requests must be in writing.
2. Orders must include a copy of **the final version of the mailing piece** to be sent to the mailing list.
3. Renters must sign this agreement to comply with all terms of the list rental policy.
4. Renters must allow ten working days for review of the request and delivery of the file containing the requested information.
5. Mailing lists are available by email only (in an Excel file) unless otherwise agreed upon.
6. Renters agree to pre-pay for the one-time use of the mailing list to create a single set of mailing labels or any other use approved, in writing, by ASCA.
7. Mailing lists shall not be copied, stored, or reproduced in any manner. The ASCA membership mailing list or attendee list shall not be transferred to any other person or entity.
8. ASCA must receive payment from the renter of the entire amount due prior to receipt of the mailing list.
9. Any person or entity who has violated ASCA's copyright in its mailing list will not be granted permission to use any mailing list under the terms of this policy. ASCA reserves the right to deny the use of its mailing lists to any person or entity for any reason whatsoever, including, but not limited to, copyright violations. ASCA will also seek all appropriate legal remedies from any person or entity who violates its rights in its mailing list.
10. This policy shall be administered in the sole discretion of the ASCA Executive Director.

I agree to all terms of this Mailing List Rental Policy as designated by ASCA. I have enclosed my payment for the onetime use of the requested mailing list.

Signature Date

Printed Name and Title/Position

Company Name and Address

Telephone Number Email



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Attendee Mailing List \$1,000 includes both:

Pre-meeting ASCA 2017-Attendees Only *Available in mid-April*
Post-meeting ASCA 2017-Attendees Only *Available in mid-May*

Name: _____
Company: _____
Address: _____
City / State / ZIP Code: _____
Telephone/ Fax: (____) _____ / (____) _____
Email: _____

If you would like to pay by check, please remit to: Ambulatory Surgery Foundation and send to the address below.

If you would like to pay by credit card, please complete the following information:

Visa/Mastercard/AMEX #: _____
Expiration Date: _____ CVV code: _____
Name on Card: _____
Card Billing Address: _____
City / State / ZIP Code: _____
Signature: _____

Sign and return this mailing list rental agreement, payment and the final version of your mailing piece to elizabeth@bluehouse.us or:

***ASCA Mailing List Rental | 2168 Wisconsin Ave NW | Washington, D.C. 20007
Fax: 202.337.1200 | Telephone: 202.337.1897***