2017 AAP Membership Mailing List Order Form

This daily updated list of names and addresses is a highly effective way to reach thousands of periodontists. List does not include phone numbers, fax numbers or email addresses.

Please Complete Each Section:

Mailing List Licensing Fee (check one)

- **Member**: $300  
  (Informational mailings only; for-profit promotions charged commercial rate)
- **Affiliate Non-Profit Organization**: $495  
  (Mailings from non-profit organizations such as schools and local, regional, or state periodontal societies)
- **Commercial**: $980  
  (Mailings promoting a for-profit product or service)
- **Listing of Program Directors only**: $75

Label Options

**Membership Categories**: (check one or more)  
(Number in parentheses indicates the approximate number of members in each category as of September, 2016.)

- **Active** (3,722)  
- **Associate** (114)  
- **Retired** (633)
- **Student** (695)  
- **Life-Active** (977)
- **International** (1744)  
- **International Student** (14)
- **All** (7,899)

**Distribution/Format**: (check one)

- **Excel Spreadsheet** (sent via e-mail)

**Sort Order**: (check one)

- **Zip Code**  
- **Alphabetical**

**Special Selections**: (check if applicable and attach description)

- **Selected States**  
- **Selected AAP Districts**
This agreement is made by and between the American Academy of Periodontology (the Academy) and Licensee for the licensing by the Academy to Licensee of the right to a one-time use of the Academy’s mailing list subject to the following conditions:

1. All persons submitting this form are required to submit a sample of the proposed mailing to the Academy for approval.

2. The mailing list must not be used to distribute any mailing other than the one approved by the Academy. A mailing that deviates in any way from the approved sample will be considered in violation of this agreement. Licensee must obtain Academy approval in writing for any changes made after a sample is approved.

3. The Academy has the right to deny approval of a mailing using its mailing list for any reason.

4. The mailing list is to be used by the Licensee only. Electronic files may not be duplicated, transferred, or sold to a third party.

5. Licensee may use the Academy mailing list for one mailing only.

6. Licensee shall not distribute any materials that include the Academy’s name or logo or that state or imply Academy endorsement of Licensee or its products or services.

7. Payment must be received with Licensee's order prior to processing.

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Mailing house or printer must complete the following part of this agreement. The requested electronic file is to be used for the sole purpose of a single mailing as authorized by the American Academy of Periodontology and must be returned to the Academy or destroyed immediately after this one-time use. It must not be merged except as necessary to effectuate a single mailing into an existing database. Under no circumstances shall this electronic file be used for any other purpose or at any other time without the express written authorization of the American Academy of Periodontology. Any violation of the foregoing shall entitle the AAP to any and all legal remedies available to it, both at law and in equity.

Please acknowledge your understanding and agreement with the above by signing below and return a signed copy, via fax or mail, to The American Academy of Periodontology.

* Note: A sample of the proposed mailing must be submitted along with this order form. The Academy rents its membership list for one-time use to members and commercial and not-for-profit organizations.
Contact/Shipping Information

Name:
Address:
City: State: Zip:
Telephone: Fax:
Email:

Preferred Service
Pending Academy approval, orders will be processed within 10 business days of receipt. For an additional 15% rush charge, orders can be processed in 3 business days once all materials and fees are received.

☐ 10 business days (no extra charge) ☐ Rush (3 business days – at customer’s expense; add 15% charge)

Payment Information

☐ Check Enclosed
☐ Credit Card

For credit card payments: Upon approval of your order, you will be contacted for credit card information. American Express, Visa and MasterCard are accepted.

Agreed and Accepted

Name of licensee: Date:
Signature: Company (if any):
Name of mailing house/printer (if any):
Telephone:
Representative of mailing house/printer: Date:

COMPLETE AND RETURN THIS FORM ALONG WITH THE SAMPLE MAILING, SIGNED LICENSE AGREEMENT FORM, AND PAYMENT TO:

American Academy of Periodontology
Attention: Member Services Department
737 N. Michigan Avenue Suite 800
Chicago, IL 60611-6660
Telephone: (312)787-5518
Fax: (312)573-3225
E-mail: member.services@perio.org