



American Academy of Periodontology

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2024 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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Member: \$425
(Informational mailings only; for-profit promotions charged commercial rate) | <input type="checkbox"/> Affiliate Non-Profit Organization: \$700
(Mailings from non-profit organizations such as schools and local, regional, or state periodontal societies) | <input type="checkbox"/> Commercial: \$1,250
(Mailings promoting a for-profit product or service) |
| | | <input type="checkbox"/> Listing of Program Directors Only: \$100 |

Label Options

Membership Categories: (check one or more)

(Number in parentheses indicates the approximate number of members in each category as of January 1, 2024.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Active (3,444) | <input type="checkbox"/> Student (655) | <input type="checkbox"/> International (1,253) |
| <input type="checkbox"/> Associate (74) | <input type="checkbox"/> Life-Active (900) | <input type="checkbox"/> International Student (14) |
| <input type="checkbox"/> Retired (716) | <input type="checkbox"/> All (7,056) | |

Distribution/Format: (check one)

- Excel Spreadsheet (sent via email)

Sort Order: (check one)

- Zip Code Alphabetical

Special Selections: (check if applicable and attach description)

- Selected States Other: _____
- 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:

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- 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.**
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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 25% 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 25%

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