



AMERICAN
ORTHOPAEDIC
ASSOCIATION

Mailing List Rental Form

Please complete the following and email to the AOA along with your payment.

Date: _____

Name: _____

Company/Organization: _____

for profit, \$1,000 fee

not-for-profit, \$500 fee

Email Address (where Excel doc will be sent):

Phone: _____

When do you need receipt of the addresses? _____

Method of payment:

Check made payable the American Orthopaedic Association enclosed

Visa

MasterCard

American Express

Card#: _____ Expiration Date: _____

Name on the card: _____

Signature of cardholder: _____

A sample of the mailing piece must accompany this request form before your order can be processed.

Please check this box that you have read and agree to these terms and conditions: the mailing list may only be used one time, and the names may not be saved or added to any database.

Acceptance Signature: _____

Upon approval, the mailing list will be emailed to the address above. If you have any questions, please contact us at (847) 318-7330 or by email at info@aoassn.org. Thank you for your order.

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