



AMERICAN
ORTHOPAEDIC
ASSOCIATION

Mailing List Rental Form

Please complete this form and email (info@aoassn.org) to the AOA along with a sample of your mailing piece. Your payment options for the \$1,000 (USD) rental fee are listed below.

Date: _____

Name: _____

Company/Organization: _____

Email (where list will be sent): _____

Phone: _____

Date list needed by: _____

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

Payment Options

- Check Enclosed in the amount of \$1,000
- Please call me at the following number for credit card details: _____

- Please check this box to confirm you have read and agree to the 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 listed 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.

American Orthopaedic Association

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Phone : (847) 318-7330

Fax : (847) 318-7339

Email : Info@aoassn.org