Mailing List Rental Form

Long Term Care Medicine—2010 • Long Beach, CA • March 11-14, 2010

Please complete the information below and submit your request to the AMDA Registrar. Pre-registration requests are emailed out 4 weeks prior to the symposium and post-conference requests are emailed out 4 weeks after the symposium. Lists will be emailed in Excel format. All materials that will be used in association with the mailing lists of attendees must be approved by AMDA. A sample of each mailer must be submitted to AMDA via e-mail to Megan Brey at mbrey@amda.com or fax a copy to 410-740-4572.

Contact Information:

Company: _____

Contact Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Payment Information:

Mailing List Requests: ☐ Pre-Registration Quantity: _____
☐ Post-Conference Quantity: _____

Number of Lists Requested @ $500 each: _____

Payment Enclosed: $ _____

Credit Card # (Amex, MC, Visa) _____ Exp Date _____

Name on Card (please print)_____

Use Agreement:

I understand and agree that this list order is for one-time use only and is to be used to send the material herewith submitted for review to AMDA. A separate order form must be submitted and approved before using this list again. I understand that list orders are seeded with decoy names to detect unauthorized use. If unauthorized use is detected, I understand that I will pay AMDA 10 times the value of this list order and will be subject to other disciplinary measures.

Signature _____ **Date** _____

*RETURN WITH PAYMENT NO LATER THAN **FEBRUARY 10, 2010** to:*
Laurie Wilson, AMDA; 11000 Broken Land Parkway, Suite 400; Columbia, MD 21044 or fax to: 410-740-4572