

American College of Medical Genetics and Genomics

MAILING LIST RENTAL ORDER FORM

Rent the ACMG membership mailing list (name and street address only) to market your events, employment opportunities, and new products and services. ACMG Members and Corporate Partners receive a 20% discount on the rental fee.

HOW TO PLACE AN ORDER

- 1. Check the type of member you wish to target.** A list and breakdown of members can be found below. ACMG only rents postal addresses. **Email lists are not available for rental.** Select your target member category(ies). You may choose more than one or choose all ACMG Members for a complete list. If no preference is indicated, you will receive all ACMG Members. (There is no price reduction for an order of selected members as opposed to all members.) The address file will be provided in an excel format.
 - I. Make sure you specify how you want your addresses sorted. Check "zip code order" or "alphabetical order" to specify. If no selection is made, your order will be sorted in zip code order.
- 2. Select your ACMG Member/Corporate Sponsor status.** ACMG Members and corporate sponsors of ACMG Foundation receive 20% off the total purchase price. Companies interested in Corporate Sponsorship of the ACMG Foundation should contact:

Nicole Bell
American College of Medical Genetics & Genomics Foundation
7101 Wisconsin Avenue, Suite 1101
Bethesda, MD 20814
Phone (301) 718- 9603 Fax: (301) 718-9604
nbell@acmg.net

- 3. Complete the order form.** Your order may be submitted via fax or postal mail. Send completed form and payment, together with a sample of the materials you wish to distribute to:

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Bethesda, MD 20814
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acmg@acmg.net

Your file will be emailed to you within 10 business days.

LABEL RENTAL AGREEMENT: Renter agrees to use the materials one time only, for the specified distribution only, within 30 days of receipt, and to abide by copy restrictions. Renter shall not make or permit others to make copies or reproductions of the materials or any directory information in ANY form, in whole or in part. This information cannot be stored in electronic media, computer database, or any other form, in whole or in part. All salutations must be general and may not be individualized. Renter agrees to provide reasonable facsimile of material to be distributed and acknowledges that fulfillment of order is at the discretion of the ACMG Executive Director. *I have read and will abide by the above "Agreement."*

Renter's Name (Please print): _____

Renter's Signature: _____ Date: _____



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CHECK THE TYPE OF MEMBERSHIP ADDRESS FILE YOU WANT

<input checked="" type="checkbox"/> All ACMG Members	2002	<input type="checkbox"/>	<input type="checkbox"/> Affiliate Members	206	<input type="checkbox"/>
<input type="checkbox"/> MD Fellows US/Canada/Foreign	721	<input type="checkbox"/>	<input type="checkbox"/> Trainee Members	113	<input type="checkbox"/>
<input type="checkbox"/> PhD Fellows US/Canada/Foreign	617	<input type="checkbox"/>	<input type="checkbox"/> Emeritus/Honorary Members	131	<input type="checkbox"/>
<input type="checkbox"/> Associate Members (Counselors)	214	<input type="checkbox"/>			<input type="checkbox"/>

Check the sort order in which you wish to receive them. If no preference, you will receive file in zip code order.

☐ Zip code order ☐ Alphabetical order

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CHECK THE CATEGORY THAT BEST DESCRIBES YOU/YOUR ORGANIZATION**ITEM**

Excel address file 1-time use

Non-Member ☐ \$500ACMG Member/Corporate Sponsor discount ☐ \$400Additional for rush order above ☐ \$150

3

SHIPMENT INFORMATION (Please print clearly)

Organization Name: _____

Department: _____

Contact's First Name: _____

Last Name: _____

Degree(s): _____

ACMG Member ID: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Country (if not US): _____

Phone: _____

Fax: _____

Email: _____

METHOD OF PAYMENT (Payment Must Accompany Order From. Orders will be processed when payment is cleared)☐ **CHECK**

Enclosed is payment by check. Please make check payable to **ACMG**. Checks must be payable in US Dollars and issued by a US Corresponding Bank. Purchaser is responsible for any and all bank charges. A \$30 processing fee will be charged on all returned checks. Checks must be accompanied by a sample of item to be posted.

☐ **CHARGE**Please charge my: ☐ **VISA**☐ **MASTERCARD**☐ **AMERICAN EXPRESS**

This charge will appear on your statement as ACMG. Credit card payments may be faxed to (301) 718-9604. If you fax your order, please DO NOT send an original form by mail. Doing so may result in duplicate charges.

Credit card number: _____ Expiration date (for example 08/08): _____ *Security Code #: _____

Billing street address: _____ Billing zip code: _____

Name as it appears on the card: _____

Signature: _____

*Security Code Number: For VISA/MasterCard - three digit code on back of card. For American Express - four digit code on the front of the card. NOTE: For institutional accounting purposes, the ACMG Federal ID# is 52-1774227.

ACMG 7101 Wisconsin Avenue, Suite 1101 | Bethesda, MD 20814 | Phone (301) 718-9603 | Fax (301) 718-9604 www.acmg.net | acmg@acmg.net