

Please return to: Kate Rudolph, AAAAI Communications & Membership Coordinator

MEMBERSHIP LIST REQUEST FORM

\$.35 per label (To be invoiced) PLUS \$75.00 Set-up Fee

Attach sample of Printed Material to be mailed. (Order will not be processed without it)

Contact Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Mailing date: _____

Label/List Format:

1-Up Pressure Sensitive (additional shipping charges will apply) EXCEL Text

Selection Criteria:

- 1) Complete Membership Allied Health Membership-No AH
 2) All Locations Domestic/U.S. Only International Only
 3) State(s): _____ Zip(s): _____
 4) Other: _____

Sorting Criteria:

- Last Name Alpha
 Zip/Postal Code
 Country Specific: _____

AGREEMENT:

By signing below, I understand that the participant mailing labels or list provided by The American Academy of Allergy, Asthma & Immunology is for **one-time use only**. Under no circumstances may the labels or list be duplicated. If the contents of these materials are altered, the AAAAI withdraws the support implied by the issuing of the labels/list.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Approved Not Approved

Reviewer Signature: _____ Date: _____