

OHIO ACEP MAILING REQUEST FORM

PLEASE PRINT CLEARLY.

PLEASE COMPLETE THIS FORM AND SUBMIT WITH A SAMPLE OF YOUR MAILING PIECE.

NOTE: THE USE OF ANY OHIO ACEP MAILING LIST IS CONTINGENT UPON APPROVAL AS OUTLINED IN THE OHIO ACEP MAILING LIST POLICY.

REQUEST DATE _____ DATE NEEDED _____

CONTACT NAME _____ E-MAIL _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PURPOSE OF MAILING _____

CHECK ALL THAT APPLY

- COMPLETE MAILING LIST LABEL REQUEST OF ALL ACTIVE OHIO ACEP MEMBERS
 MAILING LIST LABEL REQUEST FOR RESIDENTS ONLY
 MAILING LIST LABEL REQUEST FOR ATTENDING PHYSICIANS (RESIDENTS NOT INCLUDED)

SEQUENCE: ALPHABETICAL ORDER ZIP CODE ORDER

AGREEMENT

THE NAMES AND ADDRESSES PROVIDED BY OHIO ACEP ARE THE PROPERTY OF OHIO ACEP AND ARE SUPPLIED FOR THE SPECIFIC MAILING ORDERED AND FOR NO OTHER PURPOSE. LABELS ARE SOLD FOR A ONE-TIME USE ONLY AND MAY NOT BE REPRODUCED OR STORED IN ANY MANNER. AFTER COMPLETION OF SUCH MAILING, ANY UNUSED LABELS WILL BE DESTROYED AND WILL NOT BE USED FOR ANY OTHER PURPOSE. SOLELY PROVIDED FOR A ONE-TIME USE ONLY. PAYMENT IS REQUIRED PRIOR TO NAMES AND ADDRESSES BEING RELEASED.

SIGNATURE

ON BEHALF OF THE ABOVE-NAMED COMPANY, I ACKNOWLEDGE THAT I HAVE READ AND AGREE WITH THE TERMS OF THE MAILING LIST RULES/REGULATIONS POSTED ON THE OHIO ACEP WEB SITE AND IN THE AGREEMENT ABOVE AND THAT MY COMPANY WILL COMPLY.

SIGNATURE _____ DATE _____

SUBMISSION

RETURN THIS COMPLETED FORM AND A SAMPLE MAILING PIECE TO:

OHIO ACEP
ATTN: MAILING LIST REQUEST
3510 SNOUFFER RD, STE 100
COLUMBUS, OH 43235
E-MAIL: ADMIN@OHACEP.ORG

CALL WITH QUESTIONS: 614-792-6506

PAYMENT

PAYMENT WILL BE REQUIRED ONCE THE SUBMISSION HAS BEEN APPROVED BY THE OHIO ACEP EXECUTIVE COMMITTEE. PAYMENT MUST BE MADE IN FULL PRIOR TO THE RELEASE OF THE MAILING LIST LABELS. SINCE MEMBERSHIP TOTALS VARY MONTH TO MONTH, TOTAL COST WILL BE DETERMINED ONCE AN ORDER IS APPROVED.