



1001 N Fairfax Street Suite 400
 Alexandria VA 22314
 Tele: 703/299-9766
 Fax: 703/299-9622
 Email: aasld@aasld.org

MEMBERSHIP LIST RENTAL AGREEMENT

The AASLD membership is comprised of many different hepatology health professionals including: scientists, clinicians, educators, surgeons, researchers, nurses, transplant and research coordinators and physician assistants.

The AASLD membership mailing list may be rented in its entirety or in geographic segments. Estimated membership counts are as follows and all lists are sent in Excel format via email:

All Members	2,714	<input type="checkbox"/>
United States	1,709	<input type="checkbox"/>
North America (includes Mexico & Canada)	1,817	<input type="checkbox"/>
International	884	<input type="checkbox"/>

The AASLD membership mailing list is available for one time use only and will be sent via email upon approval of your request. The mailing list contains mailing information only – emails addresses are not included and are not available for rental. Upon completion of this one-time mailing, all names and addresses supplied by AASLD are to be destroyed.

To complete your order for rental of the AASLD membership mailing list, AASLD will need a sample of your mailing piece. The text of all mailers is subject to approval by the appropriate staff department. You will be notified if the mailer has not been approved. If you are renting the list for multiple mailings, AASLD will need a sample piece for each mailing. Using the list for mailings not approved by AASLD will result in multiple charges or decline of future rental requests. Processing takes approximately 2 weeks from the date of receipt of the completed agreement, sample mail piece and payment. **Pre-payment is required.**

***List Rental Fee(s) \$3,000** For whole or part of the list.**
\$1,500 For non-profit organizations and universities, for whole or part of the list.**
 (**Prices are subject to change without notice)

NOTE: Brokers or firms representing clients intending to use the AASLD mailing list must also provide the client name on agreement; and Client address, phone, fax and contact name if requested.

Contact Name: _____ Title: _____
 (Broker/Firm/Organization) (Broker/Firm/Organization)

Organization: _____
 (Broker/Firm/Organization)

Organization 2: _____
 (Client-If applicable)

Address: _____
 (Broker/Firm/Organization)

Phone: _____ Email: _____
 (Broker/Firm/Organization) (Broker/Firm/Organization)

Title of mailing piece _____ Date Needed _____

Recipient email (if other than requestor): _____
 (Where the list is sent)

I agree to the terms of this List Rental Agreement:

Signature: _____ Date: _____

Payment: Check Visa MasterCard American Express
 * Pre-payment is required.

Card Number: _____ Exp: _____

Name on Card: _____ CVC: _____