



ACADEMY OF MEDICINE OF CINCINNATI

MAILING LIST / LABEL REQUEST ORDER FORM

2300 WALL STREET • SUITE F • CINCINNATI OH 45212-2794

513-421-7010 • FAX 513-721-4378

Mailing List/Label Request Form

Company Name/Address _____

Contact Name/Phone _____

Type of Request: Mailing List Mailing Labels Electronic Format*

Member Types Requested (choose only one). All requests will be printed in zip code order unless otherwise requested.

Complete Membership – refer to attached cost breakdown, complete the payment method section and return with payment.

Complete Non-Member Database – refer to attached cost breakdown, complete the payment method section and return with payment.

Only Actively Practicing Physicians

If you are not requesting complete membership list/labels, please complete all following sections and fax to the Membership Department at (513) 721-4378, attn: Sharon Buchtman. A return phone call with total cost will be made to contact indicated above.

Only Actively Practicing Physicians in the following specialties or zip code areas: _____

Custom request (please specify): _____

Description of Mailing/Reason for Request (please attach copy of mailer if available) _____

Payment Method: Check (enclosed, payable to Academy Services) Visa American Express MasterCard

Credit Card Account # _____ Exp. Date _____

DISCLAIMER: Lists/Labels are for a ONE-TIME USE ONLY. Our labels/lists are compiled and verified to the best of our ability. However, we cannot guarantee the accuracy of the information furnished and are not liable for any loss caused by our labels/lists. Names of Academy of Medicine of Cincinnati members are furnished for the confidential use of the purchaser only. They are not to be used to compile or prepare mailing lists, marketing aids, classified directories, classified advertising conveyed by any telephonic, mechanical or electronic means, or any other compilations that are sold or otherwise provided to third parties. The labels/lists are seeded with decoy names to protect against unauthorized use. Any unauthorized usage will be subject to additional charges.

Signature of Purchaser _____ Date _____

*If requesting electronic format please complete the following:

Name of Mail House Contact Address/Phone Email address

Office Use Only: _____ x Cost _____ = _____ + Sort _____ = _____