

Mailing List Rental Agreement

The Preventive Cardiovascular Nurses Association will allow organizations to rent its membership mailing list (approximately 2300, including foreign records) in order to promote accredited educational programs. Use of the PCNA mailing list to promote specific products, brands, services, or memberships is strictly prohibited.

The PCNA mailing list, in Excel format, shall be e-mailed to a bonded mail house (not the applicant) for one time use.

How to order:

1. Complete and fax this form to 608-250-2410
2. E-mail a pdf of your mail piece to info@pcna.net (The mail piece must be approved before the list is released)
3. Please allow one week for release of the mailing list after the mail piece is approved

ORGANIZATION REQUESTING LIST			
Organization Name:			
Contact Person:			
Title:			
Mailing Address:			
City:	State:	Country:	Postal Code:
Phone:	Fax:	Email:	
BONDED MAIL HOUSE			
Company Name:		Contact Person:	
Mailing Address:			
City:	State:	Country:	Postal Code:
Phone:	Fax:	Email:	
LIST SPECIFICATIONS			
Description & purpose of mail piece:			
Scheduled date of mailing:		Purchase Order/ Reference Number:	
Requested file name for Excel database:			
List Requested: <input type="checkbox"/> U.S. Only <input type="checkbox"/> Foreign Only <input type="checkbox"/> U.S. and Foreign			
Sort by U.S. State or Country: _____			
Sort by Practice Area: <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Dietitian <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Allied Health <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Physician <input type="checkbox"/> Student			

RENTAL FEES - PAYMENT

Rental Fees:

- \$0.90 per name
- \$25 for special sorts or partial lists
- \$100 minimum order

Total Payment: \$ _____

Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

SPECIAL REQUESTS

RENTAL POLICY

Preventive Cardiovascular Nurses Association (PCNA) reserves the right to review all information to be sent to individuals or organizations on its mailing list and to reject orders that do not meet the standards and follow the missions and goals of PCNA. Each order will be reviewed to determine if the materials to be mailed will in some way benefit PCNA members and the field of preventive cardiology. Materials shall not imply PCNA's support or endorsement of products or services.

All names and addresses are the property of PCNA. Mailing lists are rented for one-time use only per request, unless otherwise specified. They are not to be duplicated in any form or transferred to any other person or organization for any purpose. Mailing records have been seeded to detect any unauthorized use or duplication.

Mailing lists are produced to order and are non-returnable. Payment is required upon receipt of invoice for all orders. PCNA disclaims any responsibility for the intended use of the labels, and is limited only to the cost of replacement of the labels.

AGREEMENT

I acknowledge that:

- The names and addresses provided to us are the property of PCNA and are supplied for the specific mailing ordered and for no other purpose.
- The names and addresses will not be reused or duplicated in any manner or transferred to any other person or organization for any purpose.
- Permission to use the names and addresses constitutes neither approval nor endorsement by PCNA of any program, product, or service offered.
- We agree to the rental agreement as stated herein.

Authorizing Person's Signature:

Date:

Printed Name:

PCNA National Office
613 Williamson St., Suite 200, Madison, Wisconsin 53703
Phone: 608-250-2440, Fax 608-250-2410, Email: info@pcna.net, Web: www.pcna.net