

AATS 2011 MAILING LIST AGREEMENT

Mailing Labels, in a standard 3-up label format, will be sent directly to the exhibitor/sponsor in hard copy or pdf format once the mailing piece has been approved. The mailing piece must include the following statement: “ **This session is not part of the AATS Annual Meeting accredited program.**”

If excel format is requested, list will be sent to a third party bonded mail house electronically and signature ensuring confidentiality will be required from the mail house. All promotional marketing pieces must be approved by the AATS administrative offices prior to being released. The list will be rented only for the promotion of programs, services and products of direct interest to thoracic surgeons, cardiothoracic surgeons, and physicians. The AATS Annual Meeting registration list will be rented only to AATS exhibitors and sponsors. The 2011 pre-registered attendee mailing list will be available after the April 8, 2011 pre-registration deadline. Use of this list for anything other than the approved piece will result in loss of priority points.

2011 ANNUAL MEETING

- | | |
|---|---------|
| <input type="checkbox"/> 2011 pre- registration list | \$1,200 |
| <input type="checkbox"/> 2011 final registration list | \$2,000 |
| <input type="checkbox"/> AATS Membership List* | \$1,000 |

Total \$ _____

*Rental of membership list must be approved by the AATS Executive Director and be used for non-profit CME programs only.

AATS Mailing List Agreement

I understand that I am renting the mailing list for a one-time use only and it is only to be used for the mailer approved by AATS. Any additional mailings must be submitted again for approval with an additional order form. I understand that the list is seeded to detect unauthorized use. Orders cancelled prior to the date of the mailing will be subject to a \$50 administrative fee. If order is cancelled after the mailing date, fees are due in full.

Name (please print)

Signature and Date

Exhibitor Information:

Company

Name

Address

City, State, Zip, Country

Email

Telephone

Fax

Mailing list (cont.)

I wish to have the list in excel format sent to my preferred bonded mail house

Bonded Mail House

Attention

Email

Telephone

I understand that this list is not to be shared with my client and is the property of the AATS. Once the mailing is complete, the list will be discarded. I understand that if my company violates these terms, my client will be penalized by AATS and the AATS priority point system.

Bonded Mail House Signature

Payment Method:

Please make checks payable to: AATS, 900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA or fax credit card payment to 978-524-0498. All checks must be made out in US dollars, drawn on a US bank.

Check Enclosed: Check # _____

Check Amount: _____

Credit Card:



Card Number

Expiration Date

Security Code

Name of cardholder

Signature of cardholder

Please check if credit card billing address is same as Exhibitor Information on first page.

If billing address is different please enter below.

Company

Name

Address

City, State, Zip, Country

Return this form with a sample mailing piece to: AATS, 900 Cummings Center, Suite 221U, Beverly, MA 01915 USA Fax: 978-524-0498 or jgecawicz@prri.com