

PES Member Mailing List Form

Pricing (check one that applies to you/your organization)

Nonprofit Organizations:

- Non-revenue generating activity (information dissemination, patient education materials, etc): **\$250**
 - Income generating activity (e.g. flyer to pay fee to attend conference or to buy a book, etc.): **\$1,500**
- (Price is subject to change if conflicts with a PES educational activity)

Industry/For-Profit:

- PES MAP member: **\$500**
- Non-MAP industry users: **\$3,000**

Individuals (seeking mailing list for personal research that will ultimately serve the community of providers and/or patients):

- PES Members: **\$500**
- Nonmembers: **\$1,000**

Note: PES only sends pressure sensitive labels via regular mail and does not provide labels electronically, unless being provided to a third party mailer. PES never provides email addresses. If you would like to use a third party mailing house, please attach their contact information with this form. If you would like the labels to be sent via FedEx or UPS, please provide your billing number.

You may request the format you would like the labels to be in and which members you are targeting. For example: US only, US & Canadian, International, fellows, by zip code, state, last name, etc. We do not send duplicate names.

Lease of List Agreement

I hereby agree to not reproduce in any form or reuse this list in any way. I acknowledge that reproduction or reuse of the list in any form is a violation of this agreement for one-time use and may constitute copyright infringement. By signing this agreement and submitting payment and sample of materials to be mailed, I agree to abide by the terms of this rental agreement if approved by PES.

Signature: _____ Date: _____

Name: _____ Organization: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Payment information: Check Enclosed MasterCard Visa

Name on card: _____ **Card #:** _____

Expiration date: _____ **CVV Code:** _____ **Charge amount (see above):** _____

Billing Street Address: _____ **Billing Zip Code:** _____

Signature: _____

Please return this form with your payment and the sample of your mailing to PES Headquarters Office