



## AAOMS MAILING LIST ORDER FORM

The following information must be included with this form or it will delay your order

- \_\_\_\_\_ Check or Credit Card Payment to AAOMS for amount of the list
- \_\_\_\_\_ Educational Inst. must submit a purchase order if payment cannot be issued at time of order
- \_\_\_\_\_ Credit Cards: VISA or Master Card
- \_\_\_\_\_ Written request to AAOMS Headquarters with the stated purpose
- \_\_\_\_\_ A copy of the mailing piece, may be in draft form

The above items and the completed Mailing List Order Form should be forwarded to AAOMS, 9700 West Bryn Mawr Avenue, Rosemont, Illinois 60018, Attn.: Valerie Wolf, Exhibit Manager  
Telephone: 800/822-6637, ext. #4316 or #4331, Fax: 847/678-6279.

- You Are: \_\_\_\_\_ AAOMS Fellow/Member/Resident Member  
 \_\_\_\_\_ AAOMS Staff  
 \_\_\_\_\_ Exhibitor  
 \_\_\_\_\_ Institutions (Hospitals and Universities)  
 \_\_\_\_\_ Regional and State Societies

AAOMS does not release member e-mail addresses, telephone numbers, or fax numbers for any purposes

Date Requested: \_\_\_\_\_ Date Required: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Print or Type:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Select Media Type (✓) & note number of Set (s) requested:

- \_\_\_\_\_ Excel Spread Sheet (One Time Use/Provide E-mail address above)
- \_\_\_\_\_ ASCII-Comma Delimited (One Time Use/Provide E-mail address above)

Sort Order:                      Alphabetical                      Zip Code                      State                      District  
 Check Membership Status' to Include:                      Note \* = Active Practicing OMS's  
 Number in parentheses indicate the number of names for that category as of January 1, 2009

- |   |                              |
|---|------------------------------|
| _____ Affiliate Members - Foreign * (260 Names) | _____ Candidates * (300)     |
| _____ Fellows/Members * (4,650)                 | _____ Resident Members (980) |
| _____ Federal Service Fellows/Members * (205)   | _____ Inactive Members (10)  |
| _____ Provisional Fellows/Members * (75)        | _____ Honorary Fellows (20)  |
| _____ Life Fellows/Members * (720)              | _____ Pre-Reg. Mtg. List     |
| _____ Retired Fellows/Members (1,150)           | _____ Post-Reg. Mtg. List    |
| _____ Other: _____                              |                              |

Please complete this section:

Visa                       Mastercard                       Check/Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_



## AAOMS MAILING LIST ORDER FORM

**Select Location:**

\_\_\_\_\_  
United States Only

\_\_\_\_\_  
United States and Canada Only

\_\_\_\_\_  
United States and Foreign (Includes Canada)

\_\_\_\_\_  
Foreign Only (Includes Canada)

\_\_\_\_\_  
Selected States Only: \_\_\_\_\_

\_\_\_\_\_  
District I = CT, ME, MA, NH, NY, RI, VT

\_\_\_\_\_  
District II = DE, DC, MD, NJ, PA

\_\_\_\_\_  
District III = AL, FL, GA, KY, LA, MS, NC, PR, GUAM & VI, SC, TN, VA, WV

\_\_\_\_\_  
District IV = IL, IN, MI, OH, WI

\_\_\_\_\_  
District V = AR, CO, IA, KS, MN, MO, MT, NE, NM, ND, OK, SD, TX, WY

\_\_\_\_\_  
District VI = AZ, CA, HI, ID, NV, OR, UT, WA, AK

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**Mailing List Prices:**

<b>Entire Membership</b>	<b>\$700.00</b>
<b>1 District</b>	<b>\$300.00</b>
<b>1 State</b>	<b>\$200.00</b>
<b>List of Residents</b>	<b>\$50.00</b>

<b>Pre-Reg. Dental Implant List</b>	<b>\$275.00</b>
<b>Post-Reg. Dental Implant List</b>	<b>\$325.00</b>

As approved by the AAOMS Board of Trustees, each State and Regional OMS Society are allowed up to two (2) sets of mailing lists per calendar year at no charge. Additional sets may be purchased but will be charged the regular price. Residents may purchase a mailing list at a reduced fee.

**PLEASE ALLOW TWO WEEKS FOR PROCESSING.**

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**Mailing List Policy:**

A general membership mailing list and a list of specific meeting registrants may be provided for a fee to fellows, members, candidates and residents, regional and component OMS societies, educational institutions, exhibitors, peer partners and non-members in accordance to the following:

1. Mailing lists are protected by copyright and shall not be duplicated without written permission of the Executive Director of AAOMS.
2. Oral and Maxillofacial Surgery institutions, fellows and members who sponsor courses for a profit and who wish to announce them to the membership will be charged the exhibitor/commercial fee for a mailing list.
3. Fellows and Members who wish to conduct a scientific survey of the membership may purchase a mailing list at a reduced fee.
4. The AAOMS reserves the right to deny requests where the purpose or use may be considered not in the best interest of the Association or its purposes.

As a condition of granting exhibit space at AAOMS meetings, exhibitors agree not to conduct or sponsor any educational seminars over the dates of the AAOMS meeting. Exhibitors may conduct or host an event such as a breakfast, luncheon, dinner, reception or focus group over the dates of the meeting during non-programming hours as determined by AAOMS. An exhibitor may conduct or sponsor an education seminar immediately preceding or immediately following the meeting program. All requests to hold non-educational or educational functions must be submitted for review and approval to the AAOMS Exhibit Manager.

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