

Virginia Orthopaedic Society

Mailing List Order Guidelines

Rental Guidelines

1. Lists Available
 - a. Membership (US only, with or without residents)
 - b. Most recent annual meeting registrants
 - c. Sorts by zip and alpha
2. Formats
 - a. Disk in Excel format
 - a. E-mailed to you in Excel format
 - b. All may have key code for extra fee

Ordering Requirements and Restrictions

1. Lists are available for **one-time use only by purchaser** and may not be reproduced, reused, or resold, in any form or manner. Purchaser must sign statement on order form.
2. Addresses are the members' preferred mailing address. Phone numbers, Fax numbers and E-mails are not available.
3. All orders must be in writing on the enclosed form and all sections must be completed. At least one sample of the mailing piece must be provided for approval before list(s) are forwarded. No changes may be made to the mailer without permission from the Virginia Orthopaedic Society.
4. Purchaser will be billed at the time the order is mailed or (e-mailed) and full payment is due within (15) days of order placement. Direct mail agencies may be requested to provide advanced payment. Failure to receive payment in a timely fashion may preclude future use of any list and a collection will be instituted. Purchaser is subject to late fees in the event full payment is not received by the due date.
5. Lists to be used for surveys require approval of the survey content, to include any letter of introduction.
6. The Virginia Orthopaedic Society (VOS) reserves the right to refuse list rental orders.
7. Use of a VOS list in no way constitutes approval of the content of the mailing.
8. The VOS shall not be liable for any loss or damages incurred through the use of a list and does not guarantee results from the use of any list.

Membership Data

371 Members; including 29 residents
(Updated 1/16/07)

List Format • ASCII • Excel

Sequence • Zip Code • Alpha (last name)

Rates

\$150 per thousand members or fraction thereof
\$400 set up fee
\$500 Meeting Registration
\$20 per thousand key code

Delivery • First Class Mail
• E-mail Address _____
• UPS (2-day) delivery
Acct# _____
• UPS (next day) delivery
Acct# _____
• FedEx (next day) delivery
Acct# _____

Type of list needed:

- Entire Membership
- Annual Winter Conference Registrants
- Other: _____

To Order: Fax or mail your completed order form to: Virginia Orthopaedic Society, Attn.: Liz McNamara, 2209 Dickens Road, Richmond, VA 23230-2005 Fax (804) 282-0090. For more information, call (804) 565-6301 or e-mail: Liz@societyhq.com.

The document you wish to mail must be submitted for approval and may not be altered after VOS's approval. Lists are rented only AFTER the intended mailer is approved.

Shipping Information (please print)

Contact Name _____
Address _____

City State Zip _____
Phone _____
Fax _____
E-mail _____
Date Needed _____

Billing Information (please print)

Contact Name _____
Address _____

City State Zip _____

Make checks payable to VOS

Payment: Check Visa M/C AMEX

Name on Card _____
Card # _____
Expiration Date _____
Signature _____
Purchase Order # _____

Additional Specifications

Agreement: The names and addresses provided by Ruggles Service Corporation are the property of the Virginia Orthopaedic Society and are supplied for the specific mailing ordered and for no other purpose. After completion of such mailing, any unused labels, lists, or disks from such will be destroyed or erased and will not be used for any other purpose. This list is solely provided for a one-time use only.

Signature of Acceptance of Rental Terms Date