



# ACADEMY OF MEDICINE OF CINCINNATI

## MAILING LIST / LABEL REQUEST ORDER FORM

7265 KENWOOD ROAD • SUITE 315 • CINCINNATI OH 45236-4411

513-421-7010 • FAX 513-721-4378

Company Name/Address \_\_\_\_\_

Contact Name/Phone/Email \_\_\_\_\_

Type of Request:     Mailing Labels             Electronic Format\*

**Check all that apply. All requests will be printed in zip code order unless otherwise requested.**

- Complete Membership – refer to website for cost breakdown, complete the payment method section, and return with payment.
- Complete Non-Member Database – refer to website for cost breakdown, complete the payment method section, and return with payment.

If you are **not** requesting complete membership listings, please complete all following sections and fax to the Membership Department at 513-721-4378, Attn: Sharon or email to [sbuchtman@academyofmedicine.org](mailto:sbuchtman@academyofmedicine.org). Before proceeding with the order, the contact listed above will be notified of the total cost for the request. If you have any questions, call 513-421-7010.

- Only Actively Practicing Physicians
- Only Actively Practicing Physicians in the following specialties and/or zip code areas: \_\_\_\_\_

\_\_\_\_\_

- Custom request (please specify): \_\_\_\_\_

Description of Mailing/Reason for Request (please attach copy of mailer if available) \_\_\_\_\_

\_\_\_\_\_

Payment Method:  Check (enclosed, payable to Academy of Medicine of Cincinnati)     Visa     American Express     MasterCard     Discover

Credit Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Billing address for Credit Card \_\_\_\_\_

Signature of Purchaser \_\_\_\_\_ Date \_\_\_\_\_

\*If requesting electronic format please complete the following:

Name of Mail House	Contact	Address/Phone	Email address

**DISCLAIMER:** Lists/Labels are for a **ONE-TIME USE ONLY**. Our labels/lists are compiled and verified to the best of our ability. However, we cannot guarantee the accuracy of the information furnished and are not liable for any loss caused by our labels/lists. Names of Academy of Medicine of Cincinnati members are furnished for the confidential use of the purchaser only. They are not to be used to compile or prepare mailing lists, marketing aids, classified directories, classified advertising conveyed by any telephonic, mechanical or electronic means, or any other compilations that are sold or otherwise provided to third parties. The labels/lists are seeded with decoy names to protect against unauthorized use. **Any unauthorized usage will be subject to additional charges and possible legal action.**

Office Use Only: \_\_\_\_\_ x Cost \_\_\_\_\_ = \_\_\_\_\_ + Sort \_\_\_\_\_ = \_\_\_\_\_