



Mailing List Guidelines and Order Form

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 Society for Pediatric Sedation's Executive Director.
4. Purchaser will be billed at the time the order is sent via email 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 by the Executive Director of the survey content, to include any letter of introduction.
6. The SPS reserves the right to refuse list rental orders.
7. Use of a SPS list in no way constitutes approval of the content of the mailing.
8. The SPS 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 – as of April 2013

Total members: 770

US Only: 750

Rates

CME/Educational Mailings: \$400

Product Promotion: \$750

Type of list needed:

- Entire Membership
- US Only

List Format

Lists will be provided in Excel format

To Order: Email, Fax or Mail your completed order form to:
SPS, ATTN: Bob Specht, 2209 Dickens Road, Richmond, VA 23230-2005; Fax (804) 282-0090.
For more information, call (804) 565-6354 or e-mail: bob@societyhq.com.

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

Billing Information (please print)

Contact Name _____

Contact Phone: _____

Address _____

Contact Email: _____

City State Zip _____

Make checks payable to SPS

Tax ID: 26-0357649

Payment: Check Visa M/C Discover

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 Society for Pediatric Sedation 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.*

Print Name

Signature of Acceptance of Rental Terms *Date*

Company/Organization Name _____