



## ASSOCIATION FOR HOSPITAL MEDICAL EDUCATION

### AHME Mailing List Rental Request Form

*All mailing list requests are subject to approval by AHME Leadership.*

Date: \_\_\_\_\_

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact phone: \_\_\_\_\_ fax \_\_\_\_\_ email \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### List Type:

\_\_\_ AHME Member only list (approximately 700 names) – cost \$500 USD

#### List Format:

\_\_\_ Excel file format – must provide valid email address

**Sort Criteria (choose one):** \_\_\_ Last name \_\_\_ Institution name \_\_\_ State \_\_\_ Zip

**Payment, signed one time use agreement, and a sample mailing piece must accompany request form.** Please make checks payable to AHME and mail to: Association for Hospital Medical Education, 109 Brush Creek Road, Irwin, PA 15642. To pay by credit card, complete the form and fax to 724-864-6153. Lists will be emailed within two weeks of receipt of payment and required documentation.

\_\_\_ Check enclosed

\_\_\_ Credit Card

Visa  MC Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_