



## List Use Agreement

The ASBMT membership mailing list can be rented for distributions of educational or commercial materials or other information that may be of interest to the Society's members.

The undersigned agrees to adhere to the following provisions concerning the use of any compilation of the mailing list that the undersigned has ordered and may hereafter order from the American Society for Blood & Marrow Transplantation (ASBMT):

1. The names and addresses provided are the property of the American Society for Blood and Marrow Transplantation.
2. Each set of names and addresses provided will be used **one-time only** and for mailing the pre-approved mailer only.
3. The names and addresses **will not** be copied for future use as a mailing list or otherwise.
4. The names and addresses **will not** be entered into a computer to be compiled with any existing file and/or maintained for the use as a mailing list or otherwise, or for the purpose of merging with other documents, or for any other use.
5. The names and addresses provided will be maintained in confidence and **will not** be disclosed, published, lent, sold, given, or otherwise made available to third parties.
6. Upon completion of a mailing using a list of names and addresses provided by the ASBMT, any unused portions of that list will be destroyed and will not be further used in whole or in part.
7. It is understood that tracer labels may be included in the supplied list for the prevention of unauthorized use and the undersigned agrees to pay \$3,000 for each such unauthorized use should it occur.
8. The ASBMT has the absolute right to deny rental of the list based on a review of the materials to be distributed to the names on the list.
9. Unless previously authorized, the ASBMT name/logo **may not** be used or mentioned in any portion of the mailing materials.

*This agreement shall be binding upon the undersigned, its principals or its agencies, agents, servants, licensees, subcontractors, affiliates, associates, successors and assignees.*

***I understand that I am renting the mailing list for a one-time use only and it is only to be used for the mailer approved by the American Society for Blood & Marrow Transplantation. Any additional mailings must be submitted again for approval with an additional order form. I understand that the list is seeded to detect unauthorized use. I hereby certify that I have read, understand and will abide by the ASBMT List Use Agreement.***

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

Email address: \_\_\_\_\_

Name (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Please sign and return this agreement along with a completed order form and sample of the mailing piece to:**

Ulyana Fenyn · American Society for Blood & Marrow Transplantation · [ulyanafenyn@asbmt.org](mailto:ulyanafenyn@asbmt.org)

85 W. Algonquin Rd, Ste 550 · Arlington Heights, IL · 60005

Phone (847) 725-2309 · Fax (847) 427-9656



## Membership Mailing List Order Form

- Duplication or resale of these labels is prohibited. Labels are for **one-time use only**.
- A sample copy of the mailer **must** accompany this completed order form
- All label orders are subject to approval by ASBMT
- **Pre-payment for all orders is required.**
- Please allow 10 working days from the date the sample mailer is received by ASBMT for processing.

1. **Format:** The mailing list is only available on printed labels; the list is not available as an electronic file

2. <b>Bill to</b>	<b>Ship to</b> (If different from billing address)
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

3. **Labels Requested:**
- For-profit corporations: \$600
  - Non-Profit Organizations and Institutions: \$400

Please specify your list requirements: \_\_\_\_\_

4. **RUSH option:** \_\_\_\_\_ \$100 (one day processing and overnight delivery)

5. **ASBMT administrative fee (non-refundable):** \$50

### 6. Payment

Total Amount Due: \_\_\_\_\_

\_\_\_\_\_  
Visa/MasterCard/AMEX                      Credit Card #:                      Exp:

Signature: \_\_\_\_\_

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