



American
Urological
Association, Inc.®

ATTENDEE MAILING LIST ORDER FORM



Annual Meeting
25-30 April 2009
Chicago, Illinois USA

Early Pre-reg Attendees (\$400)
[Est. 2,000 names] **Order by 2/20/09**

Pre-reg Attendees (\$500)
[Est. 5,000 names] **Order between
March 13 and April 17, 2009**

Post-reg Attendees (\$700)
[Est. 8,000 names] **Order up to 6 months
post-meeting**

ALL MAILING LIST ORDERS MUST INCLUDE SAMPLE OF MAILING PIECE FOR AUA APPROVAL.

PAYMENT OPTIONS (PREPAYMENT REQUIRED)

Check payable to AUA is enclosed with my mailed order form. **(Please do not fax check payments)**

Charge to:



CARD NUMBER

EXPIRATION DATE (MONTH/YEAR)

PRINT CARDHOLDER'S NAME

SIGNATURE

SHIP TO

EXHIBITING COMPANY

CONTACT NAME

ADDRESS

CITY

STATE/PROVINCE/TERRITORY

ZIP/POSTAL CODE

PHONE #

FAX #

E-MAIL

PREFERRED FORMAT:

Excel File

GEOGRAPHICAL AREA:

All countries

Domestic only

International only

LIST SORT:

Alphabetical by last name

Country/Zip code

CONDITIONS OF USE

PLEASE READ BEFORE SIGNING ORDER (SIGNATURE REQUIRED)

The membership list—both substance and format—is the property of the American Urological Association (AUA) as to which full copyright protection is asserted. Each recipient or licensed user of these materials is therefore bound to proceed strictly in accordance with the following conditions of use:

- All printed and electronic materials (including but not limited to directories, lists, labels, etc.) are licensed for a single use, solely for the authorized purpose indicated on the request for the list or data.
- The licensed user agrees not to copy, resell or otherwise distribute the materials, nor to maintain them in a computerized database or file.
- It is understood and agreed that AUA does not warrant the accuracy, currency, nor completeness of the information contained herein, but expressly disclaims all warranties of sale or subsequent use.
- The data is not to be used until payment in full is made to AUA.
- Provision of this list of names and addresses is not to be considered an endorsement of a service or product by the American Urological Association.

I agree to abide by the conditions of use as outlined. I understand that the AUA mailing lists are copyrighted property of the AUA and are available for rent on a one-time basis.

SIGNATURE

DATE

RETURN THIS FORM TO:

Please **make checks payable to AUA Education and Research, Inc.**



Attn: Hope Thompkins
AUA Education and Research, Inc.
P.O. Box 79108
Baltimore, MD 21279-1080

OR



Fax: 410-689-3939

AUA Office Use Only

Sample piece approved by: _____

Date: _____