



Membership List Rental Form

Please read the below policies and complete the form by typing or printing legibly.

A. AAEP membership lists are available only to the following individuals, companies, and organizations. Please check which category applies.

- Exhibitor at an AAEP event (within one year of last meeting or confirmed for an upcoming meeting)
Month/Year of Meeting: _____ *Name of Meeting:* _____
- Sponsor of an AAEP event (within one year of last meeting or confirmed for an upcoming meeting)
Month/Year of Meeting: _____ *Name of Meeting:* _____

B. Renter Information

Contact Name _____ Company Name _____
 Address _____
 City _____ State/Province _____ Zip/Postal _____
 Phone _____ Fax _____
 *Email (required for delivery of list) _____ *

C. Description of Mailing (Rental is contingent upon approval by AAEP. Approval can take up to 10 days)

Please include a brief description of your intended mailing below AND attach a sample for review by AAEP. **THIS IS REQUIRED.**

Please note: All lists are formatted as a Microsoft Excel file. Orders are filled within 10 days of receipt.

Note: Lists contain mailing information only. Phone/Fax numbers & e-mails are NOT available.

D. Fees: Please check, or otherwise indicate which list(s) you would like to order.

U.S. (approx. 7000)	Canada (approx. 500)	International (approx. 700)	Special Orders	Order
\$800	\$50	\$75	\$.15 per name; min. of \$50	<input type="checkbox"/> U.S. <input type="checkbox"/> Canada <input type="checkbox"/> Int'l <input type="checkbox"/> *Special (see below)

*If necessary, describe your special order (e.g. specific states/provinces): _____

E. Payment (All orders must be paid in full before lists are sent, are non-returnable and non-refundable.)

Total List Amount (*contact AAEP for special order totals*) _____

Total Payment (*U.S. funds only*) _____

Method of Payment:

Check Enclosed/# _____

Credit Card: MasterCard AMEX Visa Discover

Card Number: _____ Exp. Date: _____ CVV Code _____

Name as it appears on card: _____

Multiple List Orders: AAEP Does Not offer a discounted rate when you purchase the mailing list multiple times. You will have to purchase the list each time, regardless of the time between each mailing.

Important: *Please read the following policies closely and sign below.*

The undersigned agrees he/she is the duly authorized representative of the Renter and that use of this list is for the above described mailing; the information in this list will be used one time then destroyed or properly discarded; said approved mailing will be sent within two months of receipt of this order; and as this list is the property of the AAEP, it will not be duplicated, transferred or sold to a third party or used for any purpose other than the expressed intent in part or in whole. I agree that the AAEP's name or logo will not be used on the Renter's mailing unless with the AAEP's prior written approval. I understand that violations of this agreement may constitute grounds for forfeiture of fees paid, cancellation of membership, refusal of current or future advertising, exhibiting or sponsorship agreements or denial of any future rental requests as well as all other rights and remedies permitted by law. The list will not be used for any unlawful purposes. While all renters must comply with applicable legal guidelines, Compounding Pharmacies are specifically directed to limit themselves to pharmacy practices as dictated by the FDA Center for Veterinarian Medicine, Compliance Policy Guideline (www.fda.gov/ora/compliance_ref/cpg/cpgvet/cpg608-400.html).

I hold harmless and indemnify and release AAEP, its officers, directors, employees, agents or others acting on behalf of AAEP from any and all liability arising out of Renter's use of this list, or any name or address listed therein.

Renter's Signature

Date

Questions? Contact Kristin Walker at (859) 233-0147/(800) 443-0177, or kwalker@aaep.org