



American Association of Oral and Maxillofacial Surgeons

AAOMS MAILING LIST REQUEST FORM

Contact Name _____ Contact Email _____

Company _____

Address _____ Suite/Floor _____ City _____ State _____ ZIP Code _____

Recipient Email (If Different from Contact Email) _____ Phone _____

SENDING MAILER?* Yes No **DESIRED DEADLINE:** _____

REQUESTED BY:

- AAOMS Member Exhibitor Educational Institution (Hospitals, Universities) Regional or State OMS Society
 AAOMS Advantage Partner AAOMS Staff Other _____

LIST SORT ORDER:

- Alphabetical ZIP Code State

TYPE OF LIST REQUESTED: *Select one type. If more than one list is needed, a separate request form is required for each list.
Questions? Email membership@aaoms.org.*

List with Mailing Piece

- Annual Meeting pre-reg. list
 Annual Meeting post-reg. list
 Dental Implant Conference pre-reg. list
 Dental Implant Conference post-reg. list
 Entire Membership: This includes residents in training, practicing OMSs, retired OMSs, honorary members and international OMSs.
 Practicing OMSs: This includes private practice, faculty, federal service and international OMSs.)
 Resident Members: This includes all residents currently enrolled in OMS training programs.)

List without Mailing Piece

- Annual Meeting informational pre-reg. list
 Annual Meeting informational post-reg. list
 Dental Implant Conference informational pre-reg. list
 Dental Implant Conference informational post-reg. list

*Informational lists contain only name, company, city and state.

LOCATION REQUESTED:

- United States North America All geographic regions
 District I (CT, MA, ME, NH, NY, RI, VT) District II (DC, DE, MD, NJ, PA)
 District III (AL, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV, PR, Guam, Virgin Islands) District IV (IL, IN, MI, OH, WI)
 District V (AR, CO, IA, KS, MN, MO, MT, ND, NE, NM, OK, SD, TX, WY) District VI (AK, AZ, CA, HI, ID, NV, OR, UT, WA)
 Other: _____

