



American Association of Oral and Maxillofacial Surgeons

AAOMS MAILING LIST REQUEST FORM

Please type or print clearly.

Contact Name _____ Title _____

Company _____

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

Email _____ Phone _____

DESIRED DEADLINE DATE: _____

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:

- Annual Meeting pre-reg. list Annual Meeting **informational** pre-reg. list (*name, company, city and state only*)
 Annual Meeting post-reg. list Annual Meeting **informational** post-reg. list (*name, company, city and state only*)
 Dental Implant Conf. pre-reg. list Dental Implant Conf. **informational** pre-reg. list (*name, company, city and state only*)
 Dental Implant Conf. post-reg. list Dental Implant Conf. **informational** post-reg. list (*name, company, city and state only*)
 Entire Membership (This includes residents in training, practicing OMSs, retired OMSs, non-OMS 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.)
 Other: _____

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: _____

MAILING LIST POLICY: Purchase of a mailing list is for one-time use only and is not to be duplicated in any manner. Allow at least seven business days for AAOMS to process your request. AAOMS does not release member email addresses, phone numbers or fax numbers for any purposes. AAOMS policy prohibits use of the mailing list for recruitment purposes. AAOMS Today Classifieds (AAOMS.org/classifieds) and AAOMS Career Line (healthcareers.com/AAOMS) are available for this purpose.

A general membership mailing list and a list of meeting registrants may be provided for a fee to fellows, members, candidates and residents; regional and component OMS societies; educational institutions; exhibitors; peer partners and non-members in accordance with the following:

- Mailing lists are protected by copyright and shall not be duplicated without written permission of the Executive Director of AAOMS.
- Oral and maxillofacial surgery institutions, fellows and members who sponsor courses for a profit and wish to announce them to AAOMS membership will be charged the exhibitor/commercial fee for a mailing list.
- Fellows and members who wish to conduct a scientific survey of the membership may purchase a mailing list at a reduced fee.
- AAOMS reserves the right to deny requests where the purpose or use may be considered not in the best interest of the Association or its purposes.

Residents may purchase a mailing list at a reduced fee.

In accordance with the requirements of the Accreditation Council for Continuing Medical Education (AACME), only those who have opted-in to receive marketing communications will be included in the mailing list(s) for CE activities.

EXHIBITORS: As a condition of granting exhibit space at AAOMS meetings, exhibitors agree not to conduct or sponsor any educational seminars on the dates of the AAOMS meeting. Exhibitors may conduct or host an event such as a breakfast, luncheon, dinner, reception or focus group on the dates of the meeting during non-programming hours as determined by AAOMS. An exhibitor may conduct or sponsor an education seminar immediately preceding or immediately following the meeting program. All requests to hold non-educational or educational functions must be submitted for review and approval to the AAOMS Exhibits Manager. Final version of mailing content is required for review by Exhibits manager before a mailing list will be provided.

REGIONAL AND STATE OMS SOCIETIES: As approved by the AAOMS Board of Trustees, each state and regional OMS Society is allowed up to two sets of mailing lists per calendar year at no charge. Additional sets may be purchased at the regular price.

PRICES:

Annual Meeting pre-reg.	\$ 350	Annual Meeting post-reg.	\$ 475
Dental Implant Conf. pre-reg.	\$ 275	Dental Implant Conf. post-reg.	\$ 325
Single District	\$ 300	Single U.S. State	\$ 200
Entire Membership	\$ 1000	Approximately 11,000+ members	
Practicing OMSs	\$ 1000	Approximately 6,800+ members	
Resident Members	\$ 250	Approximately 1,260+ members	

Sample mailing pieces are acceptable for initial review. Exhibitors are required to provide final version for review. Mailing pieces should be emailed to membership@aaoms.org. Completed request form with payment details should be securely faxed to 847-678-6279.

American Express Discover MasterCard Visa Check (mail to AAOMS)

Credit card # CW# Expiration date

Cardholder Name *(please print)* Cardholder Signature

Billing Address Suite/Floor City State ZIP Code

Sign below to confirm you read and agree to the Mailing List Policy described in this request form. Your request will not be reviewed without acknowledgement and signature below.

Signature Date of Request