



AAHFN Mailing List Rental Form
15000 Commerce Parkway, Suite C
Mount Laurel, NJ 08054
Phone: 888-452-2436 Fax 856-439-0525

Mailing List Rental Rates as of March 1, 2008:

- \$2 dollar per name for initial usage fee (Currently we have over 1615 members)
- \$2,500 additional charge for ONE TIME USAGE of AAHFN's supplemental HF mailing list that incorporates over 4,000 nurses and heart failure physicians.
- \$50 per cut if going to specific geographical areas
- \$350 E-mail Layout and Design fee (optional)
- \$75 IT set up fee to load into our database and server for distribution
- \$50 fee for 3rd party transfer of the list, in an Excel format, directly to a bonded mail house.
- For secondary communication on the same program, AAHFN will discount mailing list rental 20% percent including set up fee
- **Pricing for special requests subject to change**

Review and approval of piece by the AAHFN President and President Elect (MANDATORY)

Process:

1. Interested party contacts AAHFN and expresses interest in renting member list.
2. AAHFN will send Rental List Form for review and completion.
3. A PDF of piece to send to members must be forwarded to AAHFN offices
4. AAHFN education committee approves piece
5. Payment and completed/signed Rental Form are sent to AAHFN offices. No list is sent until payment and form are received and processed.

Available Format:

Direct Mail – member list is sent directly to a 3rd party bonded mail house.

E-mail – an e-mail blast will be sent from AAHFN headquarters.

Membership List: AAHFN's members (approx. 1615) including foreign addresses.

Timeline:

Every effort will be made to fulfill the rental agreement in a timely fashion. Please allow up to one week upon approval of your content for list to be available for distribution through e-mail or to a bonded mail house.

Order: Describe the parameters of the partial list you require: _____

Format (check one)

- Excel file to a bonded mailing house only
- E-mail blast from AAHFN corporate headquarters

Sort (check one)

- Whole list
- Partial List/Sort (complete section above)

Contact Name and Phone Number: _____ (____) _____

E-mail address: _____



Rental Policy

The American Association of Heart Failure Nurses (AAHFN) reserves the right to review all information to be sent to individuals or organizations on its mailing list and to reject orders that do not meet with the standards and mission of AAHFN. Each order will be reviewed to determine if the materials to be mailed will in some way benefit AAHFN members and the field of heart failure nursing. Materials shall not imply AAHFN's support or endorsement of products or services.

All names and addresses are the property of AAHFN. Mailing lists are rented for one-time use only per request. The AAHFN member list will only be handled by the AAHFN corporate headquarters and can only be forwarded to a bonded mail house for one time use only.

The Board of Directors has determined that given the timelines of our Annual Meeting, there is a 60 day buffer before and after our conference. This follows the protocol of other organizations.

Mailing List Rental Agreement:

Please read the following statement and return completed form with authorized signature as part of your order.

We acknowledge that:

- ✓ The names and addresses provided to us are the property of the American Association of Heart Failure Nurses (AAHFN) and are supplied for the specific mailing order and no other purpose.
- ✓ Permission to use the names and addresses constitutes neither approval nor endorsement by AAHFN of any product or service offered.
- ✓ The rental of the list is not refundable

We agree to the rental agreement and charges as stated in the above mailing list rental instructions.

Signature of authorized representative

Name (please print)

Organization

Scheduled date of mailing

Address

City

State

Zip



Payment Information

Check Please send your check to: AAHFN
15000 Commerce Parkway, Suite C
Mount Laurel, NJ 08054
Attn: AAHFN Mailing List Rental Form

Credit Card Credit Card Type: Visa MasterCard American Express

Name on Card: _____

Signature: _____

Credit Card Number: _____

Expiration: _____

Total Amount Charged to Credit Card: _____

Card holder's signature to verify charge: _____