

Mailing List Order Form

All orders must be accompanied by a copy of what is being mailed for approval, along with payment, before mailing list order will be processed. ASE retains the right to deny requests for any reason.

All lists are provided via email in excel format in zip code order.

Choose one:

- ASE Members North America and International
- ASE Members in US Only
- All ASE Physicians
- All ASE Sonographers
- All ASE Physicians in US Only

Pricing

\$275/1000 names for nonmembers, \$200/1000 names for ASE member
FOR BOTH: \$20 per geographic selection (country, state, region, zip codes, etc)

There is a 1000 name minimum for all orders.

Customer Information * Required fields **Expected Mail Date:** _____

Name* _____

Address* _____

Phone* _____ Email* _____

Payment Information Rush Order?

Method of Payment (choose one): **add \$75**_____

Check (Make payable to ASE)

MasterCard VISA American Express

ASE is providing CME for my course. This list is complimentary!

Card # _____

Exp. Date _____ Security Code _____ Amount to be charged \$ _____

Name as it appears on the card _____

Signature of Cardholder _____

Please send orders to:

American Society of Echocardiography, Attn: Natalie Costantino, 2530 Meridian Parkway, Suite 450, Durham, NC 27713.
Or email to ncostantino@asecho.org.

ASE Federal Tax ID Number: 31-0899106

Please allow three weeks processing time for all orders once received by the ASE office.

Agreement: The names and addresses provided by the American Society of Echocardiography (ASE) are the property of ASE and are supplied for the specific mailing ordered and for no other purpose. After completion of such mailing, any files shall be destroyed or erased and will not be used for any other purposes. ***It is understood that this list is solely provided for a one-time use only. Any unauthorized use is strictly prohibited.***

Signature of Acceptance of Rental Terms _____ Date _____