

American College of Nurse-Midwives Research Email List Agreement

Must be signed and returned with order

1. Renter understands and agrees that the American College of Nurse-Midwives is making its email list available to renter on a **ONE TIME** use basis during the calendar year 2015 except for where noted and solely for renter's use as stated on the request form(s) submitted. Any other use for any purpose expressly prohibited unless ACNM grants permission for such use in writing and renter pays the appropriate fee for such use.
2. Renter shall not distribute, redistribute, the email list, in whole or in part.
3. Renter shall not cause or permit the email list, in whole or in part, to be copied, reproduced, photocopied, entered into a computer database, or otherwise duplicated in any format.
4. The email list is for email purposes only.
5. Renter shall make no claims that the survey mail is in any way endorsed by ACNM without prior written approval from ACNM.
7. Renter understands and agrees that ACNM's email list is the property of ACNM, is valuable proprietary information and that renter's breach of the provisions of this rental agreement would cause serious financial damage to ACNM which would be difficult to quantify. Accordingly, renter agrees to pay ACNM a sum equal to three times the invoiced rental fee as liquidated damages for each and every instance of a breach of this rental agreement.

Renter hereby agrees to and accepts the terms and conditions of the rental as stated herein.

Renter: _____

Organization: _____

Title: _____

Return this form to:

ACNM Membership
8403 Colesville Rd Suite 1550
Silver Spring, MD 20910-6374
membership@acnm.org
Fax: 240-485-1818

American College of Nurse-Midwives

Email list Request Form

Select criteria:

Full ACNM Email list US-only Current Members Only By State or Zip Code:

Please indicate state(s) or Zip Code(s): _____

Sort Order Zip Last Name Other **Client status** For-Profit Non-Profit

Output medium Electronic File via email to: _____

Client Deadline _____ If less than one week from receipt, this will be a Rush Order* *Additional charges apply

STATEMENT OF PURPOSE FOR EMAIL (also attach sample EMAIL piece.)

Name & Title: _____

Organization: _____

Street Address: _____ City/State/Zip _____

Purch. Order No. _____ Contact Person _____

Telephone No. _____ Date _____

Payment Information - Please note: Receipt will be emailed with your purchase.

COMPLIMENTARY Amount enclosed/charged \$ _____

Payment made by Check (Payable to ACNM) Check Number _____

VISA MasterCard AMEx Discover Exp Date _____ CVV 2 _____

Account Number

Name on Card

Signature