



Mailing List Request Form

2012 ANNUAL MEETING • MARCH 2-6

Deadline: January 20, 2012

Please complete and return this form with a sample of the item(s) to be mailed. You will be billed \$0.30 per name.
Please note, the requested list will be provided in Excel format.

1. Organization/Contact Information:

Organization _____

Contact Person _____ Title _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

E-mail _____

2. Criteria:

Selection Preference: Include International Addresses U.S. Addresses Only

Receive mailing list on this date: _____

3. Signature of Agreement:

The 2012 Annual Meeting participant mailing list is for **one-time use only**. The list may not be duplicated in any fashion.

Signature: _____ Date: _____

4. Payment Information:

Please charge the following credit card for payment of the above requested mailing list. A receipt of payment will be sent upon request.

Check – Make checks payable to *American Academy of Allergy, Asthma & Immunology*.

American Express Discover MasterCard VISA

Card Number _____ Expiration Date _____

Card Holder Name _____

Billing Address _____ Zip/Postal Code _____

Card Holder Signature _____

Please return this form, with a sample of the item(s) to be mailed to:

American Academy of Allergy, Asthma & Immunology (AAAAI)

Attn: Meetings Team

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E-mail: annualmeeting@aaaai.org