



# AHNS Membership Mailing List Order Form

The American Head and Neck Society rents our membership list to both members and non-members of the Society. Orders should be placed by mail, email or fax, **and accompanied by a sample of the piece or pieces you intend to distribute** to our list. Once the order is received and processed, the mailing list will be sent to you. Please note that the prices listed are for a **ONE TIME USE ONLY**. Additional uses may be purchased, please contact the office for pricing details. Invoices will be mailed at the time order is filled. Payment may be made by check credit card. Please allow 2 to 3 weeks for normal processing, or call the office to arrange for expedited shipment.

PLEASE SUBMIT YOUR ORDER TO:

Checks should be made payable to:  
AHNS  
Credit Cards Accepted:  
VISA MasterCard American Express

American Head and Neck Society  
Attn: Membership Dept  
11300 W Olympic Blvd #600  
Los Angeles CA 90064  
Phone: (310) 437-0559 ext. 110 Fax: (310) 437-0585  
Email: membership@ahns.info

List Format	AHNS Member	Non- Member or Institution	Industry/Corporation
E-Mail using Excel File Attachments:	\$100	\$500	\$5,000
Pre-printed Mailing Labels:	\$100	\$500	\$5,000

## ORDER INFORMATION

COMPANY \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

BILLING STATUS	<input type="checkbox"/> I am an AHNS Member Member Name: _____ <input type="checkbox"/> I am a Non-Member Physician or Institution <input type="checkbox"/> I am an Industry/Corporation
LIST FORMAT	<input type="checkbox"/> Avery Labels <input type="checkbox"/> Electronic: E-Mailed as an attachment
LIST CONTENTS	<input type="checkbox"/> Active Members (Full Surgeons) <input type="checkbox"/> Corresponding Members (International) <input type="checkbox"/> Associate Members (other Allied Health) <input type="checkbox"/> Candidate Members (Residents & Fellows)
SHIPPING	Please send the mailing list by this date: _____ <input type="checkbox"/> E-Mailed (electronic format only) <input type="checkbox"/> US Mail (no charge) <input type="checkbox"/> FedEx (+\$25 S/H, or provide your FedEx Acct #): _____
TOTAL DUE	\$ _____

## PAYMENT INFORMATION

Please send us an invoice.  Include our Purchase Order # \_\_\_\_\_ on the invoice.  
 I am including a check with this order.  
 I wish to pay by credit card:  VISA  MasterCard  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_