



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: _____