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 maybe 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:
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

<table>
<thead>
<tr>
<th>List Format</th>
<th>AHNS Member</th>
<th>Non-Member or Institution</th>
<th>Industry/Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Mail using Excel File</td>
<td>$100</td>
<td>$500</td>
<td>$5,000</td>
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<td>Pre-printed Mailing Labels:</td>
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</tbody>
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ORDER INFORMATION

COMPANY

NAME

ADDRESS

PHONE

EMAIL

BILLING STATUS

☑ I am an AHNS Member
☐ I am a Non-Member Physician or Institution
☐ I am an Industry/Corporation

LIST FORMAT

☑ Avery Labels
☐ Electronic: E-Mailed as an attachment

LIST CONTENTS

☑ Active Members (Full Surgeons)
☐ Corresponding Members (International)
☐ Associate Members (other Allied Health)
☐ Candidate Members (Residents & Fellows)

SHIPPING

☐ US Mail (no charge)
☐ 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: ___________________