

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 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:

Checks should be made payable to:

AHNS

Credit Cards Accepted:

American Express Discover VISA MasterCard

American Head and Neck Society Attn: Membership Dept 11300 W Olympic Blvd #600 Los Angeles CA 90064

Phone: (310) 437-0559 ext. 126 Fax: (310) 437-0585

Email: membership@ahns.info

List Format	AHNS Member	Non-Member or Institution	For Profit CME Provider	Industry/ Corporation
E-Mail using Excel File	¢100	¢500	¢1,000	¢E 000
Attachments:	\$100	\$500	\$1,000	\$5,000
Pre-printed Mailing Labels:	\$100	\$500	\$1,000	\$5,000

ORDER INFORMATION **COMPANY** NAME **ADDRESS TELEPHONE BILLING STATUS** ☐ I am an AHNS Member Member Name: ______ ☐ I am a Non-Member Physician or Institution ☐ I am an Industry/Corporation ☐ For Profit CME Provider 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** Please send the mailing list by this date: _____ E-Mailed (electronic format only) ☐ FedEx (+\$25 S/H, or provide your FedEx Acct #):_____ ☐ US Mail (no charge) TOTAL DUE

PAYMENT INFORMATION

☐ Please send us an invoice. ☐ include our Purchase Order # on the invoice.						
$\hfill \square$ I am including a check with this o	rder.					
☐ I wish to pay by credit card:	□ America Express	☐ Discover	\square MasterCard	□ VISA		
	_			6 116 1		
Credit Card Number:	E	Expiration Date: _		Card VCode		
Cardholder Name:	S	ignature:				