



Pre-Registered Attendee List Request
Annual Meeting • March 18-21, 2020 • Seattle, WA

Company: _____ Booth #: _____

Contact Name: _____

Email: _____ Phone Number: _____

The list will be sent to you electronically in an excel format for you to sort at your discretion; orders will be filled approximately four weeks from the meeting to provide exhibitors with maximum number of contacts.

The list will contain Postal Addresses Only, No email addresses (per AO policy).

Sign and return the List Use Agreement along with a sample of the final mailing piece(s) for approval.

Please select from the following list options: _____ All Pre-Registrants _____ US Only _____ No Mailer (list only)
List Use Agreement

The undersigned agrees to adhere to the following provisions concerning the use of any compilation of the mailing list that the undersigned has ordered and may hereafter order from the Academy of Osseointegration (AO):

1. The names and addresses are the property of the Academy of Osseointegration.
2. Each set of names and addresses provided will be used one-time only and for mailing the pre-approved mailer only.
3. The names and addresses will not be copied for future use as a mailing list or otherwise.
4. The names and addresses will not be entered into a computer to be compiled with any existing file and/or maintained for the use as a mailing list or otherwise, or for the purpose of merging with other documents, or for any other use.
5. The names and addresses provided will be maintained in confidence and will not be disclosed, published, lent, sold, given, or otherwise made available to third parties.
6. Upon completion of the mailing using the list of names and addresses provided by the AO, any unused portions of that list will be destroyed and will not be further used in whole or in part.
7. It is understood that tracer labels may be included in the supplied list for the prevention of unauthorized use and the undersigned agrees to pay \$3,000 for each such unauthorized use should it occur.
8. AO has the absolute right to deny rental of the list based on a review of the materials to be distributed.
9. Unless previously authorized, the AO name/logo may not be used or mentioned in any portion of the mailing materials.

This agreement shall be binding upon the undersigned, its principals or its agencies, agents, servants, licensees, subcontractors, affiliates, associates, successors and assignees.

Check Enclosed OR Credit Card Type: Visa MasterCard Amex Total Amount Due: \$200
Credit Card Number: _____ Exp: _____ Sec Code: _____

Name on Card: _____

Signature: _____

Please complete and return this form to:

Kelly Burns
Exhibits Assistant
Academy of Osseointegration
85 W. Algonquin Rd., Suite 550
Arlington Heights, IL 60005-4450
Phone: (847) 725-2284
FAX: (847) 427-9656
kellyburns@osseo.org