



560 W. Lake St.
Sixth Floor
Chicago, IL USA
60661-6600

LIST RENTAL ORDER FORM

Ordered By:

Name: _____

Company: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

E-mail: _____

Fax: _____

List Rates:

5,000 and under: \$0.15 each address

5,001 and above - \$0.12 each address

Format: Postal addresses

Minimum order for all lists: \$300

We require you to provide a sample of your mailing for approval.

*** The AGD reserves the right to refuse any mailings or orders. ***

Pending approval, postal mailing lists will be sent via email within three business days of receipt of payment and completed order form.
(Incomplete order forms will cause delays.)

List needed by: _____ Deadline for mailing: _____

Please provide your PACE/CERP approval number if the request is for a continuing education (CE) course: _____
(All CE courses should be AGD-PACE or ADA-CERP approved; exceptions will be evaluated.)

Purpose of mailing (please describe): _____

Terms of use:

I understand and agree that list orders are for one-time use only. This list is to be used only with the material that has been submitted to the Academy of General Dentistry (AGD) for review. This list is to be used only for the specified mailing date. A separate order form must be submitted and approved before the AGD lists may be used again. Neither the list nor excerpts are to be duplicated, reproduced, reused, or transferred without written authorization from the AGD. I understand that list orders are seeded with decoy names to detect unauthorized use and that use is tracked. Reuse of any list will be invoiced.

Name: _____
(print)

Title: _____

Signature: _____
(required)

Date: _____
(required)

The names, images, and logos identifying the AGD and its products are proprietary marks of the AGD. No use, including reproduction or manipulation of the names, images, and logos is permitted without prior approval from the AGD.

How did you hear about us? _____

Completed order forms can be returned to Nakea Barksdale via e-mail at nakea.barksdale@agd.org.

Data Selection

Format: Excel

Selection criteria (check all desired criteria):

- Status: Active Members Student Members Retired Members
- Biographical: Student Members Retired Members

Geographical: Use the detailed list below if requesting specific states or provinces.

- Include all U.S. states (please check box) Cap list at number of _____ names
- Include all Canadian provinces (please check box)
- I am requesting only the following states or provinces:

United States

- | | | |
|---|--|--|
| <input type="checkbox"/> (AA) APO, FPO | <input type="checkbox"/> (IN) Indiana | <input type="checkbox"/> (NV) Nevada |
| <input type="checkbox"/> (AE) APO, FPO | <input type="checkbox"/> (KS) Kansas | <input type="checkbox"/> (NY) New York |
| <input type="checkbox"/> (AP) APO, FPO | <input type="checkbox"/> (KY) Kentucky | <input type="checkbox"/> (OH) Ohio |
| <input type="checkbox"/> (AK) Alaska | <input type="checkbox"/> (LA) Louisiana | <input type="checkbox"/> (OK) Oklahoma |
| <input type="checkbox"/> (AL) Alabama | <input type="checkbox"/> (MA) Massachusetts | <input type="checkbox"/> (OR) Oregon |
| <input type="checkbox"/> (AR) Arkansas | <input type="checkbox"/> (MD) Maryland | <input type="checkbox"/> (PA) Pennsylvania |
| <input type="checkbox"/> (AZ) Arizona | <input type="checkbox"/> (ME) Maine | <input type="checkbox"/> (RI) Rhode Island |
| <input type="checkbox"/> (CA) California | <input type="checkbox"/> (MI) Michigan | <input type="checkbox"/> (SC) South Carolina |
| <input type="checkbox"/> (CO) Colorado | <input type="checkbox"/> (MN) Minnesota | <input type="checkbox"/> (SD) South Dakota |
| <input type="checkbox"/> (CT) Connecticut | <input type="checkbox"/> (MO) Missouri | <input type="checkbox"/> (TN) Tennessee |
| <input type="checkbox"/> (DC) Dist. of Columbia | <input type="checkbox"/> (MS) Mississippi | <input type="checkbox"/> (TX) Texas |
| <input type="checkbox"/> (DE) Delaware | <input type="checkbox"/> (MT) Montana | <input type="checkbox"/> (UT) Utah |
| <input type="checkbox"/> (FL) Florida | <input type="checkbox"/> (NC) North Carolina | <input type="checkbox"/> (VA) Virginia |
| <input type="checkbox"/> (GA) Georgia | <input type="checkbox"/> (ND) North Dakota | <input type="checkbox"/> (VT) Vermont |
| <input type="checkbox"/> (HI) Hawaii | <input type="checkbox"/> (NE) Nebraska | <input type="checkbox"/> (WA) Washington |
| <input type="checkbox"/> (IA) Iowa | <input type="checkbox"/> (NH) New Hampshire | <input type="checkbox"/> (WI) Wisconsin |
| <input type="checkbox"/> (ID) Idaho | <input type="checkbox"/> (NJ) New Jersey | <input type="checkbox"/> (WV) West Virginia |
| <input type="checkbox"/> (IL) Illinois | <input type="checkbox"/> (NM) New Mexico | <input type="checkbox"/> (WY) Wyoming |

U.S. Territories

- | | | |
|---|--|--|
| <input type="checkbox"/> (AS) American Samoa | <input type="checkbox"/> (MH) Marshall Islands | <input type="checkbox"/> (PW) Palau |
| <input type="checkbox"/> (FM) Fed. Micronesia | <input type="checkbox"/> (MP) N. Mariana | <input type="checkbox"/> (VI) Virgin Islands |
| <input type="checkbox"/> (GU) Guam | <input type="checkbox"/> (PR) Puerto Rico | |

Canada

- | | | |
|--|---|--|
| <input type="checkbox"/> (AB) Alberta | <input type="checkbox"/> (NS) Nova Scotia | <input type="checkbox"/> (PE) Prince Edward Island |
| <input type="checkbox"/> (BC) British Columbia | <input type="checkbox"/> (NT) Northwest Territories | <input type="checkbox"/> (PQ) Quebec |
| <input type="checkbox"/> (MB) Manitoba | <input type="checkbox"/> (NU) Nunavut | <input type="checkbox"/> (SK) Saskatchewan |
| <input type="checkbox"/> (NB) New Brunswick | <input type="checkbox"/> (ON) Ontario | <input type="checkbox"/> (YT) Yukon |
| <input type="checkbox"/> (NF) Newfoundland | | |

AGD Mailing List Rental–Price Quote

To: Nakea Barksdale

From: _____

Number of names: _____

5,000 and under: \$0.15 each address _____ x \$0.15 = _____

5001 and above: \$0.12 each address _____ x \$0.12 = _____

Minimum Charge of \$300

Payment:

Check enclosed Amount: _____

Visa MasterCard American Express

Credit card number: _____ Exp. _____

3-digit security code: _____ (on back of card, on or near the signature line)

Print name: _____

Signature: _____ Date: _____

Company: _____

Please make checks payable to the Academy of General Dentistry.

Mail to:

Academy of General Dentistry
560 W. Lake St.
Sixth Floor
Chicago, IL 60661-6600

Contact: Nakea Barksdale
Phone: 312.440.4346