



**CQO:**  
The Health Care  
Supply Chain

## AHRMM Membership Mail List Order Form

Please complete this contract and return it to [alipowicz@aha.org](mailto:alipowicz@aha.org) or mail with check payment to: **AHRMM, Attn: Mail Lists, PO Box 75315, Chicago, IL 60075 or fax it to (312) 422-3609.** After receiving the completed agreement, marketing piece and payment, mail lists will be sent in digital format directly to your mail house for fulfillment services. Lists contain names, titles, organizations and mailing addresses. Lists do not include email or phone. *All Membership Lists are rented for one time mailing by purchasing company only. Membership Lists are not to be resold and should be treated as confidential. Any third party offer of the Membership List is unauthorized.* Rental fulfillment can take up to five (5) business days.

<p><b>Rental Fees</b></p> <p><input type="checkbox"/> <b>Complete List</b> (approximately 4,100 names): \$1,200. List includes all membership categories.</p> <p><input type="checkbox"/> <b>Member Type: Provider</b> (approximately 3,300 names): \$1,000</p> <p><input type="checkbox"/> <b>Member Type: Executive</b> (approximately 170 names): \$500</p> <p>Note: Executive lists are limited to one rental per quarter and are provided first come first serve.</p>	<p><b>Discounts on Multiple Orders</b></p> <p>10% 2-5 lists 15% 6-10 lists 20% 11 or more lists</p> <p><b>Sort Criteria</b></p> <p><input type="checkbox"/> Alphabetical (by last name) <input type="checkbox"/> ZIP Code</p> <p><b>List Delivery</b></p> <p>Mail house email address: _____</p>
<p>Check Payable to: AHRMM: 31401-3750</p>	

Contact Name		
Company	Title	
Mailing Address		
City	State	Zip
Phone	Fax	
Email		
Signature		

\*Mailing label pricing is guaranteed through 12/31/2020.

AMS Code: 314LABELS