COO:
The Health Care
Supply Chain

## AHRMM Membership Mail List Order Form <br> (Affiliated Chapter Use Only)

Please complete and return this form to Kimberly Green at kgreen2@aha.org. After receiving the completed agreement 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.

```
Rental Fees
Lists by Geographical Region: $75 per region for Affiliated Chapters Only
Region 1
Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, Vermont, All Foreign Countries
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```
Region 2
New Jersey, New York, Pennsylvania
Region 7
Arkansas, Louisiana, Oklahoma, Texas
\(\square\) Region 3
Delaware, District of Columbia, Kentucky, Maryland,
North Carolina, Virginia, West Virginia
\(\square\) Region 4
Alabama, Florida, Georgia, Mississippi, South Carolina,
Tennessee
```


## $\square$ Region 5

```
Illinois, Indiana, Michigan, Ohio, Wisconsin
```


## Shipping Information

```
Mail house email address:
```


## Payment Information

```
Check (payable to AHRMM and send to P.O. Box 75315, Chicago, IL 60675-3715)
Credit Card (please contact kgreen2@aha.org for payment instructions)
```

Chapter Name

| Contact Name |  |  |  |
| :--- | :--- | :--- | :---: |
| Mailing Address | State |  |  |
| City | Fax |  |  |
| Phone |  |  |  |
| Email |  |  |  |

*Mailing label pricing is guaranteed through 12/31/2021.

