

RESTRICTIONS/CONDITIONS

Lists are for one-time use only. Lists may not be duplicated. Lists for follow-up mailings must be ordered separately. A sample of the mailing piece(s) must be sent with this signed Rental Agreement for the approval of ACSA. List requests will not be processed without all of the following: pre-payment or institutional purchase order, signed rental agreement, and sample piece(s). Email materials to:

Danielle Dent, Director of Membership + Marketing
ddent@acsa-arch.org

All payments must be by credit card, check, ACH or wire transfer. ACSA accepts Visa, MasterCard or AMEX.

SPECIAL SORT LISTS

If you require a list different than what is listed in the table to the right, please let us know when you send the completed order form. As with all orders, we will take your order form and use it to build an estimate. We will bill you once you approve of the estimate.

ACKNOWLEDGMENT OF TERMS

By signing below we acknowledge that the content provided to ACSA for distribution to ACSA membership is appropriate and relevant. We agree to the rental agreement and charges as stated.

LIST TYPE AND COST PER ADDRESS	MEMBER RATE	NONMEMBER RATE
ACSA Administrators (Deans, Directors, Heads, Chairs)	\$0.36 <input type="checkbox"/>	\$0.52 <input type="checkbox"/>
ACSA Faculty (All Full/Part-time faculty; US & International; approx: 6,000)	\$0.36 <input type="checkbox"/>	\$0.52 <input type="checkbox"/>
ACSA Faculty Councilors (ACSA Liaison for member schools; one per school; approx: 150)	\$0.36 <input type="checkbox"/>	\$0.52 <input type="checkbox"/>
ACSA Domestic Affiliate Schools (One Head Contact per school)	\$0.36 <input type="checkbox"/>	\$0.52 <input type="checkbox"/>
ACSA International Affiliate Schools (One Head Contact per school)	\$0.36 <input type="checkbox"/>	\$0.52 <input type="checkbox"/>
Special Sort Lists (Can select from contacts, by state or region)	\$0.50 <input type="checkbox"/>	\$0.65 <input type="checkbox"/>

Contact Name:

Company:

Address:

City, State, Zip:

Email: Tel:

PAYMENT INFORMATION: CHECK HERE TO REQUEST AN INVOICE CHECK HERE IF PAYING BY CHECK, ACH OR WIRE

Name on credit card:

Billing Address (if different from above)

Credit Card Number:

Expiration Date: CCV Number:

Amount of payment:

Signature: