



Mailing List Order Rental Information

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LISTS Available:

APsAA Membership – 3,500 (appox.) including U.S. and other countries. Updated on a daily basis and includes psychoanalysts and psychoanalytic trainees. Rental of the list must be prepaid \$375.00 + \$50.00 processing fee (Non Members), \$275.00 + \$25.00 processing fee (Members).

Special Selections – (geographical, zip code, degree) are available. Rental of a special selection of the complete list is subject to the following fees and must be prepaid: \$75 selection fee and .20 cents per label (Non-Members), \$50 selection fee and .10 cents per label (Members).

Licensee's execution of this agreement below indicates acceptance of the above terms. Any questions regarding the mailing list may be directed to Brian Canty, 212-752-0450 x17; email, info@apsa.org

This Agreement, together with the mailing list order form attached hereto and incorporated herein, embodies the entire understanding between the parties relating to the subject matter.

Licensee: _____ Date: _____



Order Form - Members' Mailing Labels

Ship to Name: _____

Bill to Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Attn: _____

Attn: _____

Telephone: _____

Telephone: _____

Ship to Email: _____

PO Number: _____

Members	\$275.00	Processing fee \$25.00	Total 300.00
Non-members	\$375.00	\$50.00	425.00

Special Selection*: (* first contact Brian Canty at 212-752-0450, x17, bcanty@apsa.org for count)

Members _____ **\$50.00** _____
 (No. of labels* @.10 ea.)

Non-members _____ **\$75.00** _____
 (No. of labels* @.20 ea.)

Check here if you want the list(s) sent in alphabetical order.

or

Check here if you want the list(s) sent in zip code order.

Check here if you want the list sent as labels in pressure sensitive label format. Labels will be shipped via USPS or UPS.

or

Check here if you want the list sent in an comma delimited electronic file, to the email address above.

GRAND TOTAL _____

Check (made payable to APSAA) Visa MasterCard Discover Amex

Credit card number: _____

Date of exp. _____

Signature _____