

International Parkinson and Movement Disorder Society

MAILING LIST PURCHASE REQUEST

To request the MDS mailing list, please complete and return the order form and rental agreement with full payment. A sample of the item(s) to be mailed must also be included with this form. All lists are for one-time use only. All requests must be reviewed and approved by the Society's Secretary prior to order completion. The estimated time frame for completion of most requests is 2-3 weeks.

Return this form and sample mailing piece to:

**International Parkinson and Movement Disorder Society
International Secretariat
555 East Wells Street, Suite 1100
Milwaukee, WI 53202, USA
Tel: +1 414-276-2145
Fax: +1 414-276-3349
E-mail: info@movementdisorders.org**

Name:	Company/Institution:		
Address 1:	Address 2:		
City:	State/Province:	Zip/Postal Code:	Country:
Telephone:	Fax:	E-mail:	

Please provide a full explanation indicating the purpose for use of the MDS mailing list. If more space is required, please attach additional pages:

TYPE OF LIST:

Labels are available in pressure sensitive (stick-on) label format only.

- 1-up pressure sensitive labels
- 3-up pressure sensitive labels
- Electronic list (e-mailed in Excel format)

SORTING CRITERIA:

- Last Name Alpha
- Zip/Postal Code
- Country Specific: _____

PAYMENT INFORMATION:

- Nonprofit Organization - Payment Amount: \$200.00 USD
- For Profit Organization - Payment Amount: \$2,000.00 USD

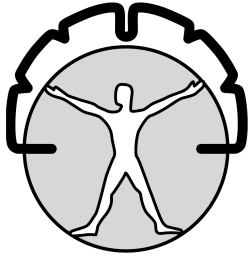
Payment Type: Check Enclosed (made payable to MDS) Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

I understand that the mailing list provided by the International Parkinson and Movement Disorder Society is for **one-time rental use only**. Under no circumstances may the list be copied, reproduced or duplicated in any form other than for the purpose of the specified mailing.

Signature: _____ Date: _____



International Parkinson and Movement Disorder Society

MEMBERSHIP MAILING LIST RENTAL AGREEMENT

The **List Renter** acknowledges that the **MDS** Membership Mailing lists and any portions thereof, are the exclusive property of the International Parkinson and Movement Disorder Society, hereafter known as **MDS** or the **List Owner**.

The List Renter agrees to provide the **MDS** with a sample of the mailing piece with **each order**. The mailing piece is subject to approval by the **MDS** Secretary before the mailing list will be released. Sample mailing piece must be of a professional use to the members and must not reference **MDS** in any way without the prior consent of **MDS**. If consent is granted, a copy of the consent must accompany the order.

The **List Renter** agrees and understands that all names and addresses furnished are provided for a **ONE-TIME** use only. The **List Renter** guarantees the names and addresses shall not be copied, reused, sold, electronically reproduced, or used as specified in the written order. The **List Renter** shall not use the list to mail any mailing piece different from the one submitted with the order and approved by **MDS**.

On completion of each one-time mailing, the **List Renter** shall immediately destroy all electronic files, unused mailing labels, letters, envelopes, and other typed or printed matter which contains names and addresses supplied by the List Owner.

The **List Renter** agrees to make full payment for the mailing list rental within 30 days of receipt of invoice. **List Renter** understands that the **MDS** does not guarantee success of **List Renters** mailing and cannot be held responsible for use of mailing list after **List Renter** receives said order.

List Renter understands that there is a **NO RETURN POLICY** on label orders. If there are any doubts of how order will be perceived when processed, then the **MDS Secretariat** should be contacted for clarification before placing the order. No refunds or credits will be made after an order has been processed.

The **List Renter** understands that there is a 5% margin of error per list for bad addresses. No refunds or credits will be provided for return labels below the 5% allowance.

After you have read and understood this agreement, please sign the order form, this Rental Agreement, and return to MDS via mail, fax or e-mail.

List Renter's Name (please print): _____

Title: _____

Approved Signature: _____ **Date** _____