

ACPE Mailing List Contract



American College of Physician Executives

400 North Ashley Drive • Suite 400 • Tampa, Florida 33602-4322
(800) 562-8088 • (813) 287-2000 • Fax (813) 287-8993 • ACPE.org

Purchaser Information For-profit
 Nonprofit

Name _____
Title _____
Organization _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Email _____

Billing Information Same as Purchaser Information

Name _____
Title _____
Organization _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Email _____

Projected Mail Date _____
List Required Date _____

List Delivery

Email to: (if different than above)

Brief Description of Request

List Type (check all that apply)

- ACPE members only
- Non-member list
- Function/Title (see web site)
- Specialty (see web site)
- Zip Code _____
- State(s) _____
- City _____
- Gender _____
- MD and/or DO physicians only
- Random selection (count required) _____
- Nth Selection (number required) _____
- Organization Type (see web site)
- Educational Degree (describe)
- Other _____

Conditions of Use:

I understand that the names and addresses furnished by ACPE are the sole property of ACPE, and are supplied to my organization for the specific mailing indicated by the sample approved, and are for a one-time use only. No other use of this list, or any portion or facsimile of this list, is authorized by ACPE, and that upon completion of such mailing, the list, or any portion of the list, will not be used or reproduced, in any fashion. I also understand that ACPE makes no implied or direct endorsement of its mailing list sales.

I understand payment is due at time of purchase unless other arrangements have been made. Checks should be made payable to ACPE.

Representative Signature _____ Title _____ Date _____

**Return this form and your sample piece to the address above or email to jrochell@acpe.org.
Upon approval of request and determination of final count, we will contact you for payment.**

For ACPE use:

- Inquiry Date _____
- Contract Received _____
- Sample Received _____
- College Approval _____
- Date of Notification _____
- List Requested _____
- List Generated _____
- List Sent _____
- Date Paid _____