

**SOCIETY OF  
NEUROINTERVENTIONAL  
SURGERY**  
3975 Fair Ridge Drive  
Suite 200 North  
Fairfax, VA 22033  
PHONE (703) 691-2272  
FAX (703) 537-0650  
EMAIL [woods@snisonline.org](mailto:woods@snisonline.org)

Thank you for your interest in ordering the SNIS Membership Mailing List!

Attached is the SNIS Membership Mailing List Agreement and order form. Please fill out the appropriate information and sign and fax these materials **along with the piece you will be mailing** to (703) 537-0650, Attn: Eddie. ***Pre-payment is required, please see order form for payment methods. Orders will not begin approval and printing process until payment is received.***

If you are ordering on behalf of a member of SNIS, please include his/her name on the order form.

Mailing labels are available in two formats: peel-off labels and electronic format. Electronic format requires additional paperwork to be completed by a representative at your mail house. Files are e-mailed or FTP'd **ONLY** to a representative from a bonded mail house.

Once your request has been approved, the labels may take up to 10 days to receive. Please include your Federal Express or UPS number. This is the only way we ship the labels. Otherwise, there is a \$25 shipping charge that will be added to your invoice.

SNIS reserves the right to refuse to sell the mailing list if the item being mailed promotes an event occurring within forty-five (45) days of an SNIS meeting or event. For a listing of SNIS meetings, please visit [www.snisonline.org](http://www.snisonline.org).

If you have any questions, feel free to call 703-691-2272 and ask for Eddie or e-mail [woods@snisonline.org](mailto:woods@snisonline.org).

## SNIS MAILING LIST RENTAL AGREEMENT

In consideration of the covenants contained herein, the parties agree as follows:

1. The Society of Neurointerventional Surgery (SNIS) shall make available to \_\_\_\_\_ (hereinafter referred to as the Lessee) a list of the names and addresses of its members for the price of \$ \_\_\_\_\_ on the terms and conditions contained in this Agreement.
2. The list may not be used in connection with any communication that, in the opinion of the SNIS, would tend to mislead, misinform, or deceive or which is distasteful in content or presentation.
3. The list may be used only for mailing purposes and may not be used for telephone or personal contact. Correspondence may not be personalized with names obtained from the list. User follow-up by telephone or personal contact to a response to a mailing is not a prohibited use.
4. Prior to any mailing, the Lessee shall furnish to the SNIS a copy or sample of all matter to be mailed. The SNIS in its discretion (which it agrees to reasonably exercise) may disapprove any part or all of such matter for mailing.
5. The Lessee shall indemnify and hold the Society harmless against all claims, damages, costs, expenses, including attorney's fees, arising out of the use of the list, including claims for infringement of copyright, trademarks, or trademan, defamation, and misappropriation of proprietary rights.
6. The Lessee may use the list one time only and will not copy the list or any portion thereof, or extract or retain any information there from. The Lessee shall not permit the list to pass into the hands of any other person or entity.
7. It is expressly understood and agreed that the SNIS's right, including, but not limited to common law and statutory rights of literary property and copyright in the SNIS's list and the data contained therein are not assigned or released as a result of this Agreement, but are reserved and retained by the SNIS subject not be limited use permitted under this Agreement.
8. The list and information thereon at all times is and remains the sole property of the SNIS and in no event shall user divulge to anyone, make copies of (including data entry, scanning or any other form of digitizing) or use same in any way, except as may be permitted in writing by the SNIS. Within ten (10) days of cancellation, user shall return to the SNIS, all lists and copies of lists or names taken from the SNIS lists; this is an independent obligation. An administrative fee will be charged for all cancellations.
9. User agrees to forward to the SNIS within ten (10) days following receipt, any letter or other documents (or copies thereof) containing complaints by SNIS members regarding the user's mailing, the matter transmitted therein, or the offered product or service.
10. For any breach of the Agreement, the Lessee shall be liable to the SNIS for all damages, including reasonable attorney's fees, costs, and expenses, including expenses incurred in investigation, and loss of income.
11. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012

Signed: \_\_\_\_\_

# SNIS Membership Labels Order Form

*Label purchase subject to approval based on rental agreement policy attached.*

**Pricing is based on subject matter of mailing, SNIS member status and number of labels in member list.**

**Contact the SNIS office for up to date label count.**

Member- \$300.00 \$ \_\_\_\_\_  
 Member's Name \_\_\_\_\_

Non Member- \$450.00 \$ \_\_\_\_\_

Delivery \$25.00 \$ \_\_\_\_\_  
 (Or provide shipping account information)  
 •Federal Express •UPS

Account Number: \_\_\_\_\_

Service Method:

- Priority Overnight
- Standard Overnight
- 2 Day
- Other \_\_\_\_\_

## Format Types

Please check format type required:

Peel-off Labels \_\_\_\_\_

Electronic \_\_\_\_\_

(Requires additional paperwork to be completed by a representative at your mail house.)

## List Types

## Price

### Ordered by SNIS Member (Corporate or Individual)

M 01 - All list requests \$300.00

### Ordered by SNIS Non Member

NM01- All list requests \$450.00

## Sort Order

- Zip Code
- Alphabetical

## Purchaser Information:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Company/Institution

\_\_\_\_\_  
 Street Address Suite/Dept.

\_\_\_\_\_  
 City State/Province Zip Code

\_\_\_\_\_  
 Phone Number Fax

\_\_\_\_\_  
 E-mail address

## Shipping Information: (if different from purchaser)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Company/Institution

\_\_\_\_\_  
 Street Address Suite/Dept.

\_\_\_\_\_  
 City State/Province Zip Code

\_\_\_\_\_  
 Phone Number Fax

\_\_\_\_\_  
 E-mail address

## Payment Method:

Pre-payment is required. We will not begin processing any orders until payment is received.

•Check enclosed. Made payable to SNIS in the amount of \_\_\_\_\_.

- American Express
- MasterCard
- Visa
- Discover Card

\_\_\_\_\_  
 Card Number Exp. Date

\_\_\_\_\_  
 Name as it appears on the card

\_\_\_\_\_  
 Signature (I agree to pay the order total according to the card issuer agreement)

## To order:

**SNIS, 3975 Fair Ridge Drive**

**Suite 200 North**

**Fairfax, VA 22033**

**Fax: (703) 537-0650**

**ATTN: Eddie Woods, Director of Member Services**

*Please fax all order materials and samples.*