



# Society for Pediatric Anesthesia

## MAILING LIST ORDER GUIDELINES

### Rental Guidelines

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1. Lists Available
  - a. Membership
  - b. Most recent annual meeting registrants
  - c. Sorts by zip and alpha
  
2. Formats
  - a. E-mailed to you in Excel format
  - b. All may have key code for extra fee

### Ordering Requirements and Restrictions

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1. Lists are available for **one-time use only by purchaser** and may not be reproduced, reused, or resold, in any form or manner. Purchaser must sign statement on order form.
2. Addresses are the members' preferred mailing address. Phone numbers, Fax numbers and E-mails are not available.
3. All orders must be in writing on the enclosed form and all sections must be completed. At least one sample of the mailing piece must be provided for approval before list(s) are forwarded. No changes may be made to the mailer without permission from the Society for Pediatric Anesthesia.
4. Purchaser will be billed at the time the order is mailed or (e-mailed) and full payment is due within (15) days of order placement. Direct mail agencies may be requested to provide advanced payment. Failure to receive payment in a timely fashion may preclude future use of any list and a collection will be instituted. Purchaser is subject to late fees in the event full payment is not received by the due date.
5. Lists to be used for surveys require approval of the survey content, to include any letter of introduction.
6. The SPA reserves the right to refuse list rental orders.
7. Use of a SPA list in no way constitutes approval of the content of the mailing.
8. The SPA shall not be liable for any loss or damages incurred through the use of a list and does not guarantee results from the use of any list.

**Membership Data**

All – 3,056  
US only – 2,860  
Resident – 127  
Fellow – 162  
International – 125  
**(Updated – May 15, 2015)**

**Rates**

\$150 per thousand  
\$400 set up fee  
\$1.00 per name for Meeting Registration  
\$20 per thousand key code

**To Order**

Fax or mail your completed form to: Society for Pediatric Anesthesia, Attn.: Liz McNamara, 2209 Dickens Road, Richmond, VA 23230-2005; Fax (804) 282-0090. For more information, call (804) 565-6301 or e-mail: Liz@societyhq.com.

The document you wish to mail must be submitted for approval and may not be altered after SPA’s approval. Lists are rented only AFTER the intended mailer is approved.

**Shipping Information (please print)**

Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date Needed \_\_\_\_\_

**Billing Information (please print)**

Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of list needed:**

- Entire Membership with residents
- Entire Membership without residents
- US only with residents
- US only without residents
- US & Canada only     Canada only
- Meeting Registrants

**List Format – Excel Only**

**Sequence**    Zip Code     Alpha (last name)  
**Delivery**    E-mail Address

City State Zip \_\_\_\_\_

**Make checks payable to SPA    Tax ID: 36-3532637**

Payment:    Check     Visa     M/C     AMEX

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Purchase Order # \_\_\_\_\_

**Additional Specifications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreement:** The names and addresses provided by Ruggles Service Corporation are the property of the Society for Pediatric Anesthesia and are supplied for the specific mailing ordered and for no other purpose. After completion of such mailing, any unused labels, lists, or disks from such will be destroyed or erased and will not be used for any other purpose. This list is solely provided for a one-time use only.

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Signature of Acceptance of Rental Terms                      Date