



NASCI

North American Society for Cardiovascular Imaging

NASCI MAILING LIST REQUEST FORM

Date of Request: _____

Name: _____ Phone Number: _____

Company: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (REQUIRED): _____

Date of Mailing: _____ Price of Mailing List: \$350

Type of Mailing: post-card brochure flyer letter other: _____

Purpose of Mailing: _____

Please attach or email a sample of the mailing

Billing Address if different from above:

Name: _____ Phone Number: _____

Company: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (REQUIRED): _____

Signature (required): _____

SIGNATURE REQUIRED FOR COMPLETION OF LIST ORDER: I understand and agree that this list orders s for a one-time use only and is to be used only to send material herewith submitted for review by NASCI on the date of mailing specified herein. A separate order form must be submitted and approved before using the NASCI names again. Neither the list nor excerpts thereof are to be duplicated, reproduced, reuse or transferred without written authorization from NASCI. I understand that list orders are seeded with decoy names to detect unauthorized use. If unauthorized use is detected, I understand that I will pay 10 times the value of this list order and be subject to other legal action. Orders cancelled prior to the date of mailing are subject to a \$50 cancellation fee plus running and material charges. Orders canceled after the date of mailing specified are payable in full. Terms: Net 30 days/payment in full.

Thank you!

Return to: **Return to:** NASCI Membership Services Dept • 1891 Preston White Drive • Reston VA 20191 • 703-476-1117 •
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