



MAILING LIST RENTAL INFORMATION

2009 ANNUAL BIOMEDICAL RESEARCH CONFERENCE FOR MINORITY STUDENTS (ABRCMS)

GENERAL INFORMATION

The Annual Biomedical Research Conference for Minority Students (ABRCMS) is a national conference designed to facilitate minority involvement in the biomedical and behavioral sciences. Through scientific presentations, professional development workshops, poster and oral presentation competition, numerous networking opportunities with faculty and administrators from graduate schools, government agencies, scientific societies and foundations, the conference brings together the best and brightest undergraduate and graduate, minority students committed to advance training and careers in the biomedical and behavioral sciences.

RESTRICTIONS

The 2009 ABRCMS Conference attendee list is rented for **multiple uses during a 12-month period, between December 2009 and November 2010**. Postal mailing labels are available. **E-mail addresses are not available**. The use of the mailing list is limited solely and exclusively to student and faculty recruitment and enhancement services. Requests for labels must be approved by ABRCMS. The ABRCMS is not responsible for the accuracy or outcome of mailings.

REQUIREMENTS

Before labels can be produced, the following items are required:

- Completed and signed rental agreement form (attached form)
- Appropriate payment (check, money order, or credit card) to the American Society for Microbiology. Purchase orders are not allowed and will be returned.
- Copy of the mailing piece. If a final copy of the mailing piece is not available, a rough draft will be accepted.

FORMAT AND DELIVERY

All lists are provided on either pressure sensitive mailing labels or in a word document formatted as a label file (30 labels per page). Regardless of the number of times that the list is used, only one copy of the printed list is available. However, this printed version may be copied for further use in the 12-month limited period. The electronic file is formatted to print on labels measuring 1"x 2⁵/₈" (3 columns and 10 rows or Avery Style #5960).

Lists are selected from all 2009 ABRCMS student, faculty and program director attendees, unless registrants opted-out. Labels from the exhibitors are not permitted.

Please allow two weeks (10 working days) from receipt of order to shipment of labels.

Rental of e-mail addresses is not available. No other options for selecting conference attendees are available.

MAILING LIST RENTAL AGREEMENT FORM

2009 Annual Biomedical Research Conference for Minority Students (ABRCMS)

Please complete sections 1-7. Failure to submit a complete form will delay processing.

1. Requestor Information. Complete the following information.	
Date:	
<i>SHIP LABELS or CD TO:</i>	
Name:	
Institution:	
Address:	
City, State, Zip:	
Phone:	Fax:
Email:	

2. Format. Check the preferred format:		
	CD of labels (Word format – Avery Labels #5960)	
	Email attachment (Word format – Avery Labels #5960)	
	Pressure sensitive mailing labels (Additional \$50)	
3. Sorting Sequence. Check the preferred sequence:		
	Zip Code Order	
	Alpha order by last name	
	Educational level	
4. Selection Preferences. Check your preferred preference:		
	One combined list of faculty, program directors, and students.	\$350
	One combined list of faculty and program directors only.	\$80
	One combined list of students (undergraduate & graduate) only.	\$275
	Graduate/postdoctoral/post baccalaureate students only.	\$70
	Lower division UG students only (freshman & sophomore).	\$55

	Upper division UG students only (junior & senior).	\$175
Handling and Delivery Fee		\$50
5. TOTAL		\$

6. Terms of Agreement. I agree to the terms and conditions described in the document, Mailing List Rental Information and Agreement. **I am providing a description of the mailing intent, including the purpose(s) and approximate mail date(s).** Should any of this information change between now and the mailing date, I will contact the ABRCMS staff. Failure to abide by the terms and conditions set forth will place me in violation of this agreement and preclude me from further mailing list rentals services with ABRCMS and ASM in the future.

I understand that neither ABRCMS nor ASM is responsible for the accuracy or outcome of mailings.

Signed Name _____ Date _____

Printed Name _____

7. Payment. Payment is required when the request is made. Two payment options are available, credit card or check. If you plan to send the request for Mailing List Rental by fax transmission, please provide complete credit card information. No partial payments or purchase orders will be accepted. Complete the following:

Total Payment Amount \$ _____

Method of payment:

Check or money order, for the full amount, made payable to American Society for Microbiology (ASM)

MasterCard VISA American Express

Card Number _____ Expiration Date _____

Name on Card _____

Signature of Cardholder _____

If faxing or sending by mail, please send completed form and payment to:

ABRCMS – Mailing List Rental
 Education Department
 American Society for Microbiology
 1752 N Street, NW
 Washington, DC 20036-2904
 Fax: (202) 942-9329

Any questions please contact Shana McBean (202) 942-9348

Be sure that your request includes three items: 1) Mailing List Rental Agreement Form 2) Description of Mailing Intent and 3) Full Payment