Academy Mailing List Quote Request

All quotes are approximate counts and may change by the time we process the order. Publishing of these numbers in any way is strictly prohibited. Allow two business days for results to be returned. This is not an order form.

ACCOUNT INFORMATION

Organization/Company

First Name Last Name

Telephone: Area Code/Number

Email Address

ACCOUNT TYPE

☐ Academy Member  ☐ Non-member

Academy Member Number (Required for Academy Member pricing)

TYPE OF LABELS

☐ Printed Labels  ☐ CD (A 3rd party mailing house is required for this option)

SHIPPING & HANDLING

☐ We will use our own account number

☐ FedEx Regular (default)  ☐ FedEx 2-Day  ☐ FedEx Overnight

TARGET GROUP

PRACTICING OPHTHALMOLOGIST

☐ Members  ☐ Non-members

OPHTHALMOLOGIST IN-TRAINING

☐ Members  ☐ Non-members

RETIRED OPHTHALMOLOGIST

☐ Members

PRACTICE MANAGEMENT STAFF

☐ Members Only

ADDITIONAL INFORMATION

TARGET SPECIALTY (Do not select to include all possible options)

☐ Cataract (CA)

☐ Comprehensive Ophthalmology (CO)

☐ Cornea/External Disease (CE)

☐ Glaucoma (GL)

☐ Neuro-Ophthalmology (NO)

☐ Pediatric Ophthalmology & Strabismus (PE)

☐ Oculofacial Plastics (PL)

☐ Refractive Surgery (RK)

☐ Retina - medical only (MR)

☐ Retina/Vitreous - medical & surgery (RV)

☐ Uveitis/Immunology (UV)

Date:

Count:

Quote: $