



## 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.**

### CONTACT 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

	USA	CANADA	INTERNATIONAL
PRACTICING OPHTHALMOLOGIST	<input type="checkbox"/> Members <input type="checkbox"/> Non-members	<input type="checkbox"/> Members <input type="checkbox"/> Non-members	<input type="checkbox"/> Members <input type="checkbox"/> Non-members
OPHTHALMOLOGIST IN-TRAINING	<input type="checkbox"/> Members <input type="checkbox"/> Non-members	<input type="checkbox"/> Members <input type="checkbox"/> Non-members	<input type="checkbox"/> Members <input type="checkbox"/> Non-members
RETIRED OPHTHALMOLOGIST	<input type="checkbox"/> Members	<input type="checkbox"/> Members	<input type="checkbox"/> Members
PRACTICE MANAGEMENT STAFF	<input type="checkbox"/> Members Only		

### ADDITIONAL INFORMATION

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cataract (CA)                    | <input type="checkbox"/> Neuro-Ophthalmology (NO)                  | <input type="checkbox"/> Retina - medical only (MR)               |
| <input type="checkbox"/> Comprehensive Ophthalmology (CO) | <input type="checkbox"/> Pediatric Ophthalmology & Strabismus (PE) | <input type="checkbox"/> Retina/Vitreous - medical & surgery (RV) |
| <input type="checkbox"/> Cornea/External Disease (CE)     | <input type="checkbox"/> Oculofacial Plastics (PL)                 | <input type="checkbox"/> Uveitis/Immunology (UV)                  |
| <input type="checkbox"/> Glaucoma (GL)                    | <input type="checkbox"/> Refractive Surgery (RK)                   |   |

Date:

Count:

Quote: \$

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