# 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

<table>
<thead>
<tr>
<th>Organization/Company</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name Last Name</td>
<td></td>
</tr>
<tr>
<td>Telephone: Area Code/Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>CANADA</th>
<th>INTERNATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Ophthalmologist</td>
<td>Members</td>
<td>Members</td>
<td>Members</td>
</tr>
<tr>
<td>Ophthalmologist in Training</td>
<td>Members</td>
<td>Members</td>
<td>Members</td>
</tr>
<tr>
<td>Retired Ophthalmologist</td>
<td>Members Only</td>
<td>Members</td>
<td>Members</td>
</tr>
<tr>
<td>Practice Management Staff</td>
<td>Members</td>
<td>Members</td>
<td>Members</td>
</tr>
</tbody>
</table>

## TARGET SUBSPECIALTY *(To include all subspecialties, leave all boxes unchecked)*

- [ ] Cataract/Anterior Segment (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)

### ADDITIONAL INFORMATION

- Date:  
- Count:  
- Quote: $