Mailing List Rental Agreement

Use of our printed or online Directories are not for solicitation purposes. If you wish to contact our membership, please select the appropriate option below.

☐ Mailing List Rental. Please describe below what these labels will be used for AND attach a copy of the mailing:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Upon approval, your labels will be mailed to you via regular U.S. Mail. If you would like the labels sent via FedEx overnight, please provide your FedEx Account Number:

____________________________________________________________________

Cost: Members: $175 per set
      Non-Members: $225 per set

☐ E-Mail Blast. It is our policy that we do not promote events that conflict with GSHA events. All e-blast contents will be reviewed and are subject to approval.

Must send ad/content as a JPEG. Width should between 400 and 600px, and a file size of 300 kb or less. Files exceeding this size will be compressed and may lose clarity.

Cost: Members: $300 for the first e-blast;
       $150 for any subsequent e-blast with the same information

      Non-Members: $350 for the first e-blast;
                    $200 for any subsequent e-blast with the same information

Name of Event: ______________________________________________________________________

Date of Event: ______________________________________________________________________

Desired Date of E-Blasts:
(Please note we do not schedule paid e-blasts that conflict with any Chapter-scheduled communications.)
I agree to pay the following total amount from above: $_____________________.

Please note that payments must be received before any of the above services can be rendered.

**Payment Method:**

- **Check:** Make checks payable to Georgia Speech-Language Hearing Association and mail to:
  
  Georgia Speech-Language-Hearing Association  
  Mailing List Rental  
  222 S. Westmonte Dr, #101  
  Altamonte Springs, FL 32714

- **Credit Card:** MasterCard / Visa

  Name on Card:__________________________________________________________

  Card Number:__________________________________________________________

  Expiration Date:_________________________   CVV:_________________________

Contact Name:___________________________________________________________

Contact Email:__________________________________________________________

Phone:_______________________________   _______________________________

Company:______________________________________________________________

I understand and agree to all policies and prices listed above.

Signature:_________________________________________________________________