



INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

Membership List Rental Agreement

*Includes mailing addresses only. Due to privacy policies, the list **will not** include email addresses.*

Name: _____

Company: _____

Address: _____

City _____ State/Region _____

Postal/Zip Code _____ Country _____

Phone Number: _____ Fax Number: _____

Email: _____

I am enclosing the following items to complete this mailing list request:	
_____	This completed & signed agreement
_____	Payment
_____	A copy of the piece to be mailed

Specifications:	_____ All Members or _____ Physician Members only (includes resident members) _____ Surgical Assistant Members only
Specialized Run?	_____ U.S. only _____ Specific geographic region (list _____)
Sort by:	_____ Alphabetical _____ Zip Code Order
Fees:	_____ \$500 for one list _____ Rush fee (two-day service including overnight delivery) add \$50 <i>An additional fee may be charged for sort order requests other than alpha or zip order and unusual manipulation of data.</i>
Format:	Names and addresses will be provided to you via email in an Excel file.

Indicate Method of Payment

Check enclosed payable to: *International Society of Hair Restoration Surgery*

Credit Card—Check One MasterCard VISA American Express

Card Number _____ Exp. Date _____

Card Holder's Name: _____

RENTAL AGREEMENT

This agreement is subject to the following conditions:

By signing this agreement, the mailing list renter indicates that they will use this mailing list ONE TIME ONLY and only for the pre-approved promotional mailings. The renter shall treat this membership list and all mailing labels as confidential information. The renter shall not under any circumstances sell, loan, or circulate such membership lists to any third party, or use such membership lists for any other purpose. Upon delivery of the proposed mailing piece to ISHRS membership, the list renter shall cease using the membership list. The mailing list renter agrees that in utilizing the ISHRS membership list, he/she will not disclose, transfer, duplicate, reproduce or retain any portion of the list in any form, by photocopying, electronic or any other means. The mailing list renter agrees to reimburse ISHRS for all costs which the Society may incur in enjoining unauthorized parties from using the membership list in all cases where such unauthorized parties gained access to the membership through the renter listed above or any of the renter's agents or employees. The mailing list renter agrees the ISHRS will have the right to monitor the use of the membership list. The mailing list renter agrees that the promotional piece supplied for approval with this agreement is the piece(s) that will comprise the mailing. Signature below indicates complete acceptance of the above

Mailing list renter: _____

(Please print Name & Title)

(Signature)

Date: _____

Return this agreement, mailing materials and payment to:
International Society of Hair Restoration Surgery
303 West State Street, Geneva, IL 60134 USA

Phone: 800-444-2737 or 630-262-5399 Fax: 630-262-1520 Email: info@ishrs.org