

# Mailing List Request

Deadline: February 8, 2019



**AAAAI** American Academy of  
Allergy Asthma & Immunology  
**ANNUAL MEETING**  
SAN FRANCISCO, CA · FEBRUARY 22-25, 2019

Mailing lists of the 2019 AAAAI Annual Meeting delegates are available for purchase to exhibiting organizations only. To purchase a delegate mailing list, please complete and return this form with a **sample of the item(s) to be mailed**. You will be billed \$0.30 per name.

Please note that email addresses will **NOT** be provided. Mailing addresses will be provided in Excel format. Fields with an asterisk (\*) are required.

## 1. ORGANIZATION/CONTACT INFORMATION:

Please print and complete all requested information.

\*Organization: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

## 2. CRITERIA:

Selection Preference:  Include International Addresses  U.S. Addresses Only

*The provided addresses will not be broken down further into occupation, state, medical professional status, etc.*

The mailing list will be sent on Thursday, February 7, 2019 to optimize the number of registrants while providing adequate time for mailing.

If you prefer to receive your list on a different date, please list the date here: \_\_\_\_\_

## 3. SIGNATURE OF AGREEMENT:

The 2019 Annual Meeting participant mailing list is for **one-time use only**. The list may not be duplicated in any fashion. AAAAI cannot verify the validity of these addresses, as they are provided by the individual.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. PAYMENT INFORMATION:

Please charge the following credit card for payment of the above requested mailing list. A receipt of payment will be sent after your card has been processed.

Check – payable to *American Academy of Allergy, Asthma & Immunology*

American Express  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

## PLEASE RETURN THIS FORM TO:

American Academy of Allergy, Asthma & Immunology (AAAAI)  
Attn: Meetings Team  
555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823  
Phone: (414) 272-6071 • Fax: (414) 272-6070  
Email: [annualmeeting@aaaai.org](mailto:annualmeeting@aaaai.org)

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