

Mailing List Request

Deadline: Friday, February 12, 2021



AAAAI American Academy of
Allergy Asthma & Immunology
VIRTUAL ANNUAL MEETING
FEBRUARY 26–MARCH 1, 2021

Mailing lists of the 2021 AAAAI Virtual 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, and payment of \$1,500.**

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 11, 2021 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 2021 Virtual Annual Meeting participant mailing list is for **one-time use only**. The list may not be duplicated or reused in any fashion and attendee names may not be added into your organization's database without the written consent of each individual. The individual whose signature appears below agrees and authorizes that their organization will abide by all requirements of the AAAAI Data Processing Agreement including destroying or deleting the list after its one-time use. 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:

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Attn: Meetings Team
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Phone: (414) 272-6071 • Fax: (414) 272-6070
Email: annualmeeting@aaaai.org

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Allergy Asthma & Immunology