

Mailing Lists



Please complete the form below to request a mailing list. Your request will be processed within one week of receipt of the completed form and a sample of the materials to be mailed. Sample materials must accompany the form.

- Only those companies/associations/institutions who are current ACCED-I members are eligible to purchase the Association mailing labels.
- The mailing must be appropriate for ACCED-I members and not compete with an ACCED-I program offering.
- Use of the requested information is limited to one time and only to mail the sample submitted with this request.
- Any additional uses of the information, in full or in part, with the exception of individual contacts, are prohibited.
- The mailing must be approved by ACCED-I, you may mail or fax sample (see below).
- The undersigned agrees that he or she and the company or institution that employs him or her will not disclose, transfer, duplicate, or reproduce any portion of the list in any form whatsoever.
- Broadcast faxes, broadcast e-mails, and additional mailing without approval are prohibited.
- The information is to be used for lawful purposes only.
- It is for the exclusive use of the undersigned and is not transferable.
- ACCED-I reserves the right to deny rental of its mailing lists.

Contact Name _____
Company/Institution _____
Mailing Address _____
City _____ State/Province _____ Postal Code _____
Phone _____ Fax _____
E-mail _____

I understand and will comply with the terms outlined in this agreement.

Signature _____ Date _____

Data Format

The data will be delivered as an email attachment. Information will be a comma delimited Excel file in zip code order.

Pricing

Institutional Representative	\$125
Full Membership	\$150
Region	\$50/region

Records Requested

- Institutional Representative (Primary contact for each institutional member and contact for individual memberships)
- Full Membership (All professional members including all campus representatives, honorary and student members)
- Region(s) (see below) _____

Payment Options*

- Check
 - Credit Card
 - Purchase Order**
- Type of Credit Card (circle one): Visa Mastercard
Card # _____
Exp. Date _____
Postal Code of Cardholder _____

ACCED-I Regions:

- Region 1 (Alaska, Alberta, British Columbia, Idaho, Montana, Oregon, Washington)
- Region 2 (California, Hawaii, Nevada, New Zealand)
- Region 4 (Arizona, Colorado, New Mexico, Utah, Wyoming)
- Region 5 (Manitoba, Minnesota, North Dakota, Saskatchewan, South Dakota, Wisconsin)
- Region 6 (Iowa, Kansas, Missouri, Nebraska)
- Region 7 (Arkansas, Louisiana, Oklahoma, Texas)
- Region 8 (Illinois, Indiana, Kentucky, Michigan, Ohio)
- Region 9 (Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee)
- Region 10 (Delaware, Maryland, Virginia, Washington DC, West Virginia)
- Region 11 (New Jersey, New York, Ontario, Pennsylvania, Quebec)
- Region 12 (Bulgaria, Connecticut, Maine, Massachusetts, New Brunswick, New Hampshire, Newfoundland, Prince Edward Island, Nova Scotia, Rhode Island, United Kingdom, Vermont, England, Scotland, China)

*No order will be processed without payment in full (US funds), sample of mailing and signature/date.

**A purchase order does not constitute payment in full.

Orders/Information



Fax to: (970)449-4965



Mail to: ACCED-I, 419 Canyon Avenue,
Suite 311, Fort Collins, CO 80521



Call (970)449-4960 ext. 302,
email Monica@acced-i.org