



ARS Membership Mailing List Order Form

The American Radium Society rents our membership list to both members and non-members of the Society. Orders should be placed by mail, email or fax. Please send a sample of the mailer with the completed order form. Once the order is received and processed, the mailing list will be sent to you. Please note that the prices listed are for a **ONE TIME USE ONLY**. Additional uses may be purchased, please contact the office for pricing details. Invoices will be mailed at the time order is filled. Payment maybe made by check credit card. Please allow 2 to 3 weeks for normal processing, or call the office to arrange for expedited shipment.

PLEASE SUBMIT YOUR ORDER TO:

CHECKS should be made payable to:
American Radium Society

CREDIT CARDS Accepted:
VISA MasterCard American Express

American Radium Society
Attn: Membership Dept
11300 W Olympic Blvd #600
Los Angeles CA 90064
Phone: (310) 437-0581 ext. 126 Fax: (310) 424-3398
Email: membership@americanradiumsociety.org

List Format	ARS Member	Non- Member or Institution	Industry/Corporation
E-Mail using Excel File Attachments:	\$100	\$400	\$1,000
Pre-printed Mailing Labels:	\$150	\$600	\$1,500

ORDER INFORMATION

COMPANY _____

NAME _____

ADDRESS _____

TELEPHONE _____

FAX _____

EMAIL _____

BILLING STATUS	<input type="checkbox"/> I am an ARS Member Member Name: _____ <input type="checkbox"/> I am a Non-Member Physician or Institution <input type="checkbox"/> I am an Industry/Corporation	
LIST FORMAT	<input type="checkbox"/> E-Mailed as an Excel File attachment	<input type="checkbox"/> Avery Labels
CHOOSE MEMBER CATEGORIES	<input type="checkbox"/> Active Members (US and Canada)	<input type="checkbox"/> Candidate Members (Residents and Fellows)
SHIPPING	<input type="checkbox"/> Please send the mailing lists by this date: _____ <input type="checkbox"/> US Mail (no charge) <input type="checkbox"/> FedEx (+\$25 S/H, or provide your FedEx Acct #): _____	
TOTAL DUE	\$ _____	

PAYMENT INFORMATION

- Please send us an invoice. Include our Purchase Order # _____ on the invoice.
- I am including a check with this order.
- I wish to pay by credit card: VISA MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____