



District of Columbia DENTAL SOCIETY

Membership Mailing List

Anyone wishing to rent the DC Dental Society Mailing List must sign the following paragraph and return the form to the DCDS Business Office, along with a mailing sample.

I, _____, representing _____, request permission to rent the DCDS mailing list for use with the following piece:_____.

I understand that if my request is approved, I may use the mailing list to send only one mailing of the material that has been approved by DCDS. I understand that I am not permitted to make copies of the list or resell the list or enter the list into my own computer database and that doing so would be a violation of this rental agreement and the DCDS copyright. The mailing list is sent as an excel file is a one-time purchase. If I should use the list again without authorization, I understand that I will be liable for an additional rental fee and may be subject to legal action.

Contact Signature

Date

Contact Information

Name

Company

Address

Suite

City

State/Province

Zip Code

Telephone

Fax

E-mail

MAILING LIST	QUANTITY	COST
D.C. Dental Society Membership (approx. 450 dentists)		\$150 – DCDS Member Rate \$350 – Non-DCDS Member Rate

Sub-Total

+ 6% Sales Tax

Total Enclosed

Payment Information

If you wish to pay via credit card, please email the D.C. Dental Society at info@dcdental.org and attached a completed membership mailing list agreement.

Please make checks payable and return this agreement to the D.C. Dental Society, 2001 K Street NW, 3rd Floor North, Washington, DC 20006.

Delivery of orders takes approximately one week from the date of approval.