

List Rental Order Form

I would like to rent for one-time use, the following list(s) from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). I have indicated below the parameters of the list I would like to rent.

STATE(s): _____

Indicate Credentialed Providers (ATP), (SMS), (RET): _____

Indicate if you would like RESNA Members who are not certified (Y/N): _____

Cost per name

- **Non-member:** 50 cents/name
- **RESNA members:** 25 cents/name

Method of Delivery: Electronic

Email address for delivery of list: _____

1. All orders must be submitted and confirmed in writing. A sample of the intended mailing piece(s) is required with each order, prior to Renter's receipt of desired list. RESNA must approve the sample-mailing piece prior to Renter's one-time use of the mailing list. RESNA reserves the right to reject any proposed direct mail piece that does not conform to the standards, principles, and ethics of the Association.
2. List is rented for One-Time-Only use, as per RESNA approval of the Renter's direct marketing piece. No copying, second use, tagging, appending, or list enhancement of any kind permitted from this list without explicit permission of list owner.
3. A secure payment method is required at time of order. A credit card number will be required to activate the order. If payment in full is not made within 30 days from the date of the invoice, the Renter's credit card will be charged. Renters can contact the office if processing of a purchase order will take longer than thirty (30) days.
4. Lists cannot be returned or exchanged. Orders cannot be cancelled after shipment from the National Office.

I have read, understand, and agree to adhere to the conditions stated in the List Rental Agreement.

➤ Contact/Authorized Signature: _____

➤ Authorized Signature: (print name): _____ Date: _____