



North American Neuro-Ophthalmology Society
5841 Cedar Lake Road, Suite 204, Minneapolis, MN 55416
Phone: (952) 646-2037 Fax: (952) 545-6073 info@nanosweb.org

NANOS Membership List Rental Order Form

The NANOS membership list is available for a **ONE-TIME USE** rental. You may either purchase the mailing list which will be provided to you in Microsoft Excel format, or you may purchase the membership email list. The membership email list will not be provided to you but instead, the Executive Office will send the email to membership on your behalf from your email account.

Addresses provided are the member's preferred mailing address. The membership list will include foreign addresses. Appropriate payment must accompany order. All mailing information/materials must be approved by the NANOS Board. Please allow 7-10 business days for approval and processing. Please also note that all mailings or email blasts will include the following disclaimers.

Email Blast Disclaimer: NANOS does not give out email addresses. This message is being sent from the NANOS database from the purchaser's email. A disclaimer is included in the blast.

Mailing Disclaimer: Disclaimer: The purchase of the NANOS membership list is for this one-time use only. **Note** that you will be asked to provide a sample of mailing for review and approval prior to receiving the list.

Please indicate the preferred method:

- Blast email sent by NANOS Executive Office
- Address Mailing List (will be sent electronically via email)

Your Name: _____

Institution/Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Please include the following with your order:

- A final copy of the material you will be sending
- Appropriate payment (check) or credit card information

Pricing:

- \$500 for for-profit organizations
- \$250 for not-for-profit organizations (must provide Tax ID # _____)
- \$100 for members

PAYMENT INFORMATION (please write all information legibly)

VISA MasterCard Check # _____

Card # _____ Exp. Date: _____ CSC (security code): _____

Billing Address: _____ Billing Zip: _____

Name as it appears on card: _____

Signature: _____

Please return completed form, full payment and a final copy of the material that is intended to be sent to:
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Minneapolis, MN 55416
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