



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

POST CONFERENCE ATTENDEE LIST ORDER FORM 2007

OCTOBER 13-17, 2007 - WASHINGTON, D.C.

Place order by: Four days before labels are desired - include PAYMENT and copy of MAILER.

Includes: Professional ASRM attendees, including legend of specialty. The count is _____ to be distributed in an Excel document. No email addresses will be given.

Cost: \$500 per list usage (will be emailed upon receipt of payment and approval of submitted sample).

Official Representative Name:	Email:	Address:
Exhibiting Company:	Phone Number:	Fax Number:

MAKE CHECKS PAYABLE TO ASRM IN U.S. CURRENCY DRAWN ON A US BANK.
RETURN TO ATTN: LAUREN MALLORY
LABELS MAY NOT BE REUSED OR RESOLD.

Signature of Exhibiting Company's Official Representative

_____ # of list uses

NAME _____ TEL _____ EMAIL _____
(please print)

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

TEL _____ FAX _____ EMAIL _____

**You may fax or email and charge to the following credit cards: place an "X" next to the card selected.*

____ VISA ____ MasterCard ____ American Express _____ EXPIRATION DATE: _____
CREDIT CARD NUMBER _____ month/year

Billing address (Address where your credit card bill comes) _____

Name as it appears on card (please print): _____

Cardholder Signature (required, authorizing charge) Date day month year

The ASRM reserves the right to charge the correct amount if different from the total payment listed above.

11.07

This list may only be used for ASRM approved mailings and only for the specified number of uses. Usage will be monitored and abuse will not be tolerated. A fee for list usage (\$500) along with a \$50 administration fee will be charged. This list must be used within 4 weeks of purchase.

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