National Athletic Trainers' Association
Health Care for Life & Sport

2952 Stemmons Fwy Dallas, Texas 75247
Telephone 214.637.6282 Fax 214.637.2206

2009 NATA Pre-Convention Attendee Contact List

NATA mailing lists or e-mail address lists may be ordered at the rate of $.13 per name. Special pricing is offered to Corporate Partners ($.09 per name) and BOC Approved Providers of continuing education ($.09 per name).

Please allow 10 business days for orders to be processed, from date of receipt of payment and signed one-time use agreement. Rush Processing Fee: Please add an additional $25.00. Lists are delivered via e-mail. Note that prepayment is required. We do not accept purchase orders. **Please email labels@nata.org, or call 800.879.6282 ext. 115 to receive your free price quote. Quote is good for 30 days only!**

Unlike other athletic training list sources, NATA uses resources such as "address correction requested" from the U.S. postal service to maintain the most accurate data for your mailing list request. We regret we are unable to offer credits or refunds on returned mail.

When ordering, you may request member lists by state, NATA district, member type, work settings, purchasing influence and product/service categories of interest. Random selection of members is available.

Member Types

Certified – Individuals possessing current BOC certification. There are 4 subcategories: Regular, Retired, Student & International.

Associate – Individuals who are working professionally in athletics, education, research, medicine or an allied health or other profession related to athletic training.

Non-certified Student – Individuals who are (a) non-certified and enrolled as full-time students studying athletic training in an accredited college or university; and (b) individuals currently making progress toward the fulfillment of the requirements for BOC certification.

International – Individuals who are non-certified and who reside in a geographic area not included in any current NATA District.

Mailing List Use Agreement

The recipient of the NATA mailing list hereby agrees that the information provided will not be sold, redistributed, stored, duplicated, copied, or reproduced in any manner, but used only for a one time commercial mailing of your materials. An entity purchasing NATA's list for 'one-time use' may only use the list to contact members one time, not multiple times. The one-time use does not allow the purchasing entity to provide NATA's members with a "subscription" or any other product or service which reaches members in any way more than once without the members' individual consent. Please complete the information below and return it to NATA via FAX 214.637.2206.

Additionally, the contact information, such as email addresses, are not to be shared among the recipients of your mailing. You agree that any broadcast email will not contain other recipients' email addresses in the "To:" or "Cc:" field.

Members agree to abide by policies and procedures of the NATA. Failure to abide by these requirements is a violation of such policies and may subject the user to sanctions by the NATA Ethics Committee. Non-members agree to abide by policies and procedures of the NATA. Failure to abide by these requirements is a violation of such policies and may subject the user to sanctions by the NATA including refusal to provide future information.

Payment and signed list use agreement must be received by NATA before list can be delivered.

Name_____ Title_____

Company _____ Phone _____

Signature_____ Date_____

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Order Date _____ Need by _____ Phone _____ Fax _____

Name _____ Company _____

Address, City, State, Zip _____

E-mail Address: _____

Please check format desired:
☐ Comma Delimited Text ☐ Excel

List type: ☐ all contacts
☐ those with emails only

☐ Random Selection:
Total # of names desired: _____

Work Settings:

- ☐ College\University
- ☐ Secondary School
- ☐ Clinic
- ☐ Hospital
- ☐ Professional Sports
- ☐ Industrial\Occupational\ Corporate
- ☐ Business\Sales\Mktg.
- ☐ Health\Fitness\Sprts. Clubs\ Perf. Enhancement Clinics
- ☐ Amateur/Rec./Youth Sports
- ☐ Military/Law Enforcement/ Government
- ☐ Independent Contractor
- ☐ Other

To select by geographical area, please select one:
☐ US only
☐ All Districts (Canada included)
☐ All members (International included)

To make a selection by State or District, check/circle below:

Districts *or* States

- ☐ 1 CT, ME, MA, NH, RI, VT, Quebec, New Brunswick, Nova Scotia
- ☐ 2 DE, NJ, NY, PA
- ☐ 3 DC, MD, NC, SC, VA, WV
- ☐ 4 IL, IN, MI, MN, OH, WI, Manitoba, Ontario
- ☐ 5 IA, KS, MO, NE, ND, OK, SD
- ☐ 6 AR, TX
- ☐ 7 AZ, CO, NM, UT, WY
- ☐ 8 CA, NV, HI, Guam
- ☐ 9 AL, FL, GA, KY, LA, MS, TN, Puerto Rico, Virgin Islands
- ☐ 10 AK, ID, MT, OR, WA, Alberta, British Columbia, Saskatchewan

Check the member types you wish included:
☐ All Member Types
- ☐ Certified
- ☐ Associate
- ☐ Retired Certified
- ☐ Certified Students
- ☐ Graduate Students (not Certified)
- ☐ Undergraduate Students
- ☐ International Non-Cert
- ☐ Cert International

Purchasing Influence:

- ☐ Decision maker/Purchaser
- ☐ Recommender/Influencer
- ☐ Not Involved

Approximate # on List: _____
List Charges: $_____
Subtotal: $_____
Rush Del. Fee ($25) $_____
Total Due $_____

☐ Visa ☐ MasterCard ☐ AMEX Name as it appears on card _____

CC# _____ Exp. Date _____ Check Number _____

Authorized charge amount: $_____ Signature _____

Please fax completed form to: 214.637.2206