National Athletic Trainers' Association
2952 Stemmons Frwy Dallas, Texas 75247
Telephone 214.637.6282 Fax 214.637.2206

TARGETING YOUR MAILING
"Hit Lists"

Did you know you can have access to a *specific* group of athletic trainers by zip code range, specific job settings, job title, professional credential, etc.? How about contact information on athletic trainers within a 50 mile radius of any zip code? Perhaps you need to advertise a weekend seminar and want to invite all certified athletic trainers in the vicinity. **Targeted** NATA mailing lists or e-mail address lists are now available. We call them "hit lists" and they're available for cost of $250.00 + $.13 per name. Special pricing is offered to NATA Corporate Partners ($250.00 + $.09 per name) and BOC-Approved Providers of continuing education ($250.00 + $.09 per name).

For more information, please call Charlane Rashaw at extension 115 (or e-mail labels@nata.org) to receive your free price quote. Quote is good for 30 days only! Please allow 5 business for orders to be processed, from date of receipt of payment and signed one-time use agreement. Note that prepayment is required. We do not accept purchase orders.

Hit List Order Form

Order Date _____ Needed by _____ Phone _____

Name _____ Company _____Fax_____

Shipping Address _____

E-mail Address: _____

Contact List Use Agreement

The recipient of the NATA contact 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. 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 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 shipped.

Name_____ Title_____

Company _____ Phone _____

Signature_____ Date_____

National Athletic Trainers' Association "Hit List" Rental Request

Employment Settings

- ☐ Administration
- ☐ Amateur/Recreational/Youth Sports
- ☐ Business/Sales/Marketing
- ☐ Clinic
- ☐ College/University
- ☐ Corporate
- ☐ Emergency Department
- ☐ Ergonomics
- ☐ Faculty/Academic/Research
- ☐ Family Practice
- ☐ General Patient Care
- ☐ Government
- ☐ Health/Fitness/Sports/Clubs
- ☐ High School
- ☐ Hospital
- ☐ Hospital-based Clinic
- ☐ Independent Contractor
- ☐ Industrial/Occupational
- ☐ Law Enforcement
- ☐ Middle School
- ☐ Military/Law Enforcement/Government
- ☐ Occupational/Industrial
- ☐ Orthopedics
- ☐ Outpatient/Ambulatory/Rehabilitation Clinic
- ☐ Pediatric
- ☐ Physiatry
- ☐ Primary Care
- ☐ Pro Baseball
- ☐ Pro Basketball
- ☐ Pro Football
- ☐ Pro Golf
- ☐ Pro Hockey
- ☐ Pro Performing Arts
- ☐ Pro Racing
- ☐ Pro Rodeo
- ☐ Pro Soccer
- ☐ Pro Tennis
- ☐ Professional Staff/Athletics/Clinic
- ☐ Recreational
- ☐ Secondary School
- ☐ Secondary School/Clinic
- ☐ Two Year Institution
- ☐ Unemployed
- ☐ Youth Sports

Job Titles

- ☐ Admin Coordinator
- ☐ Admin Director
- ☐ Asst/Assoc Athletic Director
- ☐ Asst/Assoc Athletic Trainer
- ☐ Asst/Assoc AT Men's Sports
- ☐ Asst/Assoc AT Women's Sports
- ☐ Asst/Assoc Professor
- ☐ Asst/Assoc Professor/Program Director
- ☐ Asst/Assoc Professor/Dept Chair
- ☐ Athletic Director
- ☐ Athletic Trainer
- ☐ Clinical Director/Coordinator/Specialist
- ☐ Consultant
- ☐ Counselor
- ☐ Dir/Coord AT Services
- ☐ Dir/Coord Sports Medicine
- ☐ Dir/Coord Rehabilitation
- ☐ Educational Consultant
- ☐ Fitness Coordinator/Director
- ☐ Full Professor
- ☐ Full Professor/Program Director
- ☐ Full Professor/Dept Chair
- ☐ Head Athletic Trainer
- ☐ Head AT Men's Sports
- ☐ Head AT Women's Sports
- ☐ Lecturer/Instructor
- ☐ Manager
- ☐ Medical Office Staff
- ☐ Outreach Coordinator
- ☐ Owner/Partner
- ☐ Physician Extender
- ☐ Sales/Marketing
- ☐ Supervisor
- ☐ Teacher
- ☐ Wellness Coordinator/Director
- ☐ Retired
- ☐ Student

Credentials

- ☐ CAT(C) [Certified Athletic Therapist (Canada)]
- ☐ Certified Cardio Technician
- ☐ Chiropractor
- ☐ CSCS
- ☐ EMT
- ☐ FACSM
- ☐ Massage Therapist
- ☐ Nurse
- ☐ Orthopedic Technician
- ☐ Occupational Therapist
- ☐ Occupational Therapy Assistant (COTA)
- ☐ Personal Trainer
- ☐ PES
- ☐ Physician
- ☐ Physician Asst
- ☐ Physical Therapist (PT)
- ☐ Physical Therapist Asst. (PTA)
- ☐ Other Credentials
- ☐ Teaching Certificate
- ☐ Teaching Certification Area
- ☐ No Credentials
- ☐ State Licensed

Ethnicity

- ☐ American Indian/Alaskan native
- ☐ Asian or Pacific Islander
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ Multi-Ethnic
- ☐ White (not of Hispanic origin)

Description of Criteria

Payment Information

☐Visa ☐MasterCard ☐AMEX Check Number: _____ (if applicable)

Name as it appears on card: _____

Credit Card #:_____ Exp. Date_____

Amount you authorize to be charged $_____ Signature_____