2952 Stemmons Freeway Dallas, Texas 75247
Telephone 214.637.6282 Fax 214.637.2206

# List Rental Request

You may request member lists by state, NATA district, member type, and/or by work setting. To further target your mailing at an additional cost, you can request more specificity for your list such as zip codes, more specific work settings, allied credentials, etc., through our targeted list service. *For more information about the NATA "Hit List", please call 214.637.6282, or see our Hit List order form at http://www.nata.org/marketing/memberlist.htm.*

*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 or undeliverable email.*

NATA mailing lists or e-mail address lists are $200.00 plus 13¢ per address. Special pricing for Corporate Partners, Members and BOC Approved Providers of continuing education, the price is 9¢ per address.

Please allow 4 business days from receipt of payment and signed one-time use agreement for order processing. 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 214.637.6282 to receive your free price quote. Quote is good for 30 days only!**

## Member Types

**Certified** – BOC certified athletic trainers. There are 4 subcategories: **Regular, Retired, Student & International.**

**Associate** – Non-certified athletic trainers as well as those working professionally in athletics, education, research, medicine or an allied health or other profession related to athletic training.

**Non-certified Student** – Students that (a) are studying athletic training full-time at an accredited institution, or (b) hold a degree and are working to fulfill the BOC certification requirements.

**International** – Non-certified individuals residing outside the US, its territories, and Canada.

## 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. 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, is 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 is required to fulfill a list order**.

Name_____ Title_____

Company _____ Phone _____

Signature_____ Date_____



11/5/09

National Athletic Trainers' Association
Health Care for Life & Sport

# List Rental Request

Order Date _____ Needed by _____ Phone _____

Name _____ Company _____Fax_____

Billing Address _____

E-mail Address: _____

Purpose of List Rental (check all that apply)
- ☐ Athletic Training Products & Services
- ☐ CEU Opportunities
- ☐ Other (please specify)_____

Please check format desired:
- ☐ Comma Delimited Text ☐ Excel

List type:
- ☐ email addresses
- ☐ postal addresses
- ☐ both

*Note: each contact method is priced individually.*

Work Settings:
- ☐ College\University
- ☐ Secondary School
- ☐ Clinic
- ☐ Hospital
- ☐ Professional Sports
- ☐ Industrial\Occupational\Corporate
- ☐ Business\Sales\Marketing
- ☐ Health\Fitness\Sports Clubs\Performance Enhancement Clinics
- ☐ Amateur/Recreational/Youth Sports
- ☐ Military/Law Enforcement/Government
- ☐ Independent Contractor
- ☐ Other

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

Check the member types you wish included:
- ☐ All Member Types
  - ☐ Certified
  - ☐ Associate
  - ☐ Retired Certified
  - ☐ Certified Students
  - ☐ Students (Non-certified)
  - ☐ International Non-Certified
  - ☐ Certified International

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 | 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 |

☐ [Optional] Select randomized sample within above criteria:
Total # of names desired: _____

☐Visa ☐MasterCard ☐Amex ☐Discover Name as it appears on card_____

CC#_____ Exp. Date_____ Check Number_____

Authorized charge amount: $_____ Signature_____

*Please fax completed form to: 214.637.2206*



11/5/09