

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 \$300.00 + \$.13 per name. Special pricing is offered to NATA Corporate Partners, Members and BOC-Approved Providers of continuing education (\$250.00 + \$.09 per name).

For more information, please e-mail orders@nata.org to receive your free price quote. Quote is good for 30 days only! Please allow 4 business days 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. *We regret we are unable to offer credits or refunds on returned mail or undeliverable email. Lists are delivered via e-mail, sales are final and refunds are not allowed.*

Hit List Order Form

Order Date _____ Needed by _____ Phone _____

Name _____ Company _____ Fax _____

Billing 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, 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 must be received by NATA before list can be shipped.

Name _____ Title _____

Company _____ Phone _____

Signature _____ Date _____

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.

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

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

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

Zip Code: _____
 Range: _____
 Mile Radius: _____

Description of Criteria

Payment Information	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	Check Number: _____ (if applicable)
Name as it appears on card: _____	
Credit Card #: _____	Exp. Date _____
Amount you authorize to be charged \$ _____	Signature _____

Examples of available criteria; please contact NATA for more information:

Employment Settings	Job Titles	Credentials
<ul style="list-style-type: none"> <input type="checkbox"/> Administration <input type="checkbox"/> Amateur/Recreational/Youth Sports <input type="checkbox"/> Business/Sales/Marketing <input type="checkbox"/> Clinic <input type="checkbox"/> College/University <input type="checkbox"/> Corporate <input type="checkbox"/> Emergency Department <input type="checkbox"/> Ergonomics <input type="checkbox"/> Faculty/Academic/Research <input type="checkbox"/> Family Practice <input type="checkbox"/> General Patient Care <input type="checkbox"/> Government <input type="checkbox"/> Health/Fitness/Sports/Clubs <input type="checkbox"/> High School <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital-based Clinic <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Industrial/Occupational <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Middle School <input type="checkbox"/> Military/Law Enforcement/Government <input type="checkbox"/> Occupational/Industrial <input type="checkbox"/> Orthopedics <input type="checkbox"/> <input type="checkbox"/> Outpatient/Ambulatory/Rehabilitation Clinic <input type="checkbox"/> Pediatric <input type="checkbox"/> Physiatry <input type="checkbox"/> Primary Care <input type="checkbox"/> Pro Baseball <input type="checkbox"/> Pro Performing Arts <input type="checkbox"/> Pro Basketball <input type="checkbox"/> Pro Racing <input type="checkbox"/> Pro Football <input type="checkbox"/> Pro Rodeo <input type="checkbox"/> Pro Golf <input type="checkbox"/> Pro Soccer <input type="checkbox"/> Pro Hockey <input type="checkbox"/> Pro Tennis <input type="checkbox"/> Professional Staff/Athletics/Clinic <input type="checkbox"/> Recreational <input type="checkbox"/> Secondary School <input type="checkbox"/> Secondary School/Clinic <input type="checkbox"/> Two Year Institution <input type="checkbox"/> Unemployed <input type="checkbox"/> Youth Sports 	<ul style="list-style-type: none"> <input type="checkbox"/> Admin Coordinator <input type="checkbox"/> Admin Director <input type="checkbox"/> Asst/Assoc Athletic Director <input type="checkbox"/> Asst/Assoc Athletic Trainer <input type="checkbox"/> Asst/Assoc AT Men's Sports <input type="checkbox"/> Asst/Assoc AT Women's Sports <input type="checkbox"/> Asst/Assoc Professor <input type="checkbox"/> Asst/Assoc Professor/Program Director <input type="checkbox"/> Asst/Assoc Professor/Dept Chair <input type="checkbox"/> Athletic Director <input type="checkbox"/> Athletic Trainer <input type="checkbox"/> Clinical <input type="checkbox"/> Director/Coordinator/Specialist <input type="checkbox"/> Consultant <input type="checkbox"/> Counselor <input type="checkbox"/> Dir/Coord AT Services <input type="checkbox"/> Dir/Coord Sports Medicine <input type="checkbox"/> Dir/Coord Rehabilitation <input type="checkbox"/> Educational Consultant <input type="checkbox"/> Fitness Coordinator/Director <input type="checkbox"/> Full Professor <input type="checkbox"/> Full Professor/Program Director <input type="checkbox"/> Full Professor/Dept Chair <input type="checkbox"/> Head Athletic Trainer <input type="checkbox"/> Head AT Men's Sports <input type="checkbox"/> Head AT Women's Sports <input type="checkbox"/> Lecturer/Instructor <input type="checkbox"/> Manager <input type="checkbox"/> Medical Office Staff <input type="checkbox"/> Outreach Coordinator <input type="checkbox"/> Owner/Partner <input type="checkbox"/> Physician Extender <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Wellness Coordinator/Director <input type="checkbox"/> Retired <input type="checkbox"/> Student 	<ul style="list-style-type: none"> <input type="checkbox"/> CAT(C) [Certified Athletic Therapist (Canada)] <input type="checkbox"/> Certified Cardio Technician <input type="checkbox"/> Chiropractor <input type="checkbox"/> CSCS <input type="checkbox"/> EMT <input type="checkbox"/> FACSM <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Nurse <input type="checkbox"/> Orthopedic Technician <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Occupational Therapy Assistant (COTA) <input type="checkbox"/> Personal Trainer <input type="checkbox"/> PES <input type="checkbox"/> Physician <input type="checkbox"/> Physician Asst <input type="checkbox"/> Physical Therapist (PT) <input type="checkbox"/> Physical Therapist Asst. (PTA) <input type="checkbox"/> Other Credentials <input type="checkbox"/> Teaching Certificate <input type="checkbox"/> Teaching Certification Area <input type="checkbox"/> No Credentials <input type="checkbox"/> State Licensed <p>Ethnicity</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> White (not of Hispanic origin) <p>Highest Level of Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doctorate <input type="checkbox"/> Physician <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> Two Year Degree <input type="checkbox"/> Not Degreed