



LABEL USE AGREEMENT

I. AGREEMENT

There are over 3,000 names on this list.

- All labels are furnished on a rental basis for a one-time mailing use only, for a royalty of **\$1500 or \$100** for CWS's. Any duplication, reuse, or transfer of names will result in discontinuance of rental privileges and possible litigation. For material breach of this use agreement, user will be liable to the AAWM for all damages.
- AAWM names and addresses may be used for mailing purposes only, and may not be used for telephone or personal contact.
- Renters are required to submit a sample of the actual mailing to be used with the labels. The AAWM reserves the right to reject any renter and/or mailing.
- The American Academy of Wound Management name or logo cannot be used to promote any product or program.
- Each list contains several decoy names as a protection against misuse.
- User agrees to forward the Association within thirty (30) days following receipt, any letters or other documents containing complaints regarding the user's mailing or the offered product or service.

I. SORT SEQUENCE

Zip Code or Alphabetical.

I. DELIVERY

7—10 days, unless RUSH requested. RUSH service is available for 2—3 day delivery at an extra charge of \$50.

I. USER INFORMATION (Print or Type)

User Company Name _____

Signer's Name _____

Title _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Signature _____ Date _____

By signing above you accept all the terms and conditions of this agreement.

Please send me a set of Association labels as follows:

- **Sort Sequence:** Zip Code Alphabetical
- **Delivery:** Regular (7—10 days) Rush (2—3 days)
- **Fees:** \$1500 \$50 Rush Charge — **TOTAL AMOUNT \$** _____
\$100 (CWS's ONLY)
- **Method of Payment:** Check Money Order Credit Card
 VISA Master Card Amex
Card # _____ Exp. Date _____

Cardholder _____

Cardholder's Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

PAYMENT MUST BE RECEIVED IN ADVANCE.

***User must submit a sample with this form
along with payment for \$1500 (\$100 for CWS orders) to:**

American Academy of Wound Management

1155 15th Street, NW
Suite 500
Washington, DC 20005

DO NOT WRITE IN THIS BOX—FOR OFFICE USE ONLY

Date Received _____ Account Number _____

Staff Signature _____ Date _____