



# AMERICAN COLLEGE OF RHEUMATOLOGY

EDUCATION • TREATMENT • RESEARCH

2200 Lake Blvd NE Atlanta, GA 30319

## FAX MEMORANDUM

DATE:

TO:

Fax:

FROM: **Janell Martin**  
Membership Coordinator

RE: Your request for mailing labels 6 pages

---

Thank you for your interest in *The American College of Rheumatology (ACR)/Association of Rheumatology Health Professionals (ARHP)* and your request for rental of our membership mailing list. The ACR/ARHP makes its membership list(s) available to professional organizations, agencies, continual education offices (CME), recruiters, hospitals and other institutions for **ONE-TIME USE ONLY**. The lists are to provide the membership of the ACR/ARHP information that we deem informative and beneficial to all members. The ACR/ARHP has certain criteria that must be met in order to rent the list(s). In order for the program sponsor to be eligible to use the list(s) for workshops, seminars, CME events, etc., the appropriate ACR/ARHP staff member must approve the proposed use of our list(s) and the proposed mailing piece. The membership list(s) may **be used for only the approved piece and proposed purpose**.

The ACR/ARHP's membership list(s) are confidential and we **CAN NOT RENT E-MAIL ADDRESSES**. Therefore, The ACR/ARHP electronic list(s) **WILL ONLY BE SENT DIRECTLY TO LEGALLY BONDED MAIL HOUSES OR PRINTERS**. It is a standard policy among non-profit and professional associations not to release files directly to anyone other than a legally bonded mail house or printer.

### Instructions

---

To initiate an order please send:

1. A brief cover letter stating what you are requesting. Your orders can be submitted by mail, fax or e-mail.
2. A **final** version of the proposed mailer and the envelope (when appropriate). You may e-mail a PDF to [jmartin@rheumatology.org](mailto:jmartin@rheumatology.org) or mail/fax a hard copy.
3. A **completed** Licensee and Confidentiality Agreement (see pages 4-6).

Filling out the Licensee and Confidentiality Agreement:

The type of media you would like your labels printed on: (see page 5 and select one)

- Pressure sensitive labels (peel-off, self-sticking labels for use in your office)
- Electronic (sent by e-mail to a legally bonded mail house or printer only)

ACR/ARHP Divisions:

The ACR is made up of two divisions: **The American College of Rheumatology** whose members are primarily physicians involved in the treatment of research into rheumatic diseases and **The Association of Rheumatology Health Professionals** whose members are any allied health professional (nurses, occupational or physical therapists, social workers, etc.) involved in the treatment or research into rheumatic diseases. Please indicate which division(s) you would like your mailer to reach in both your cover letter and on the Licensee and Confidentiality Agreement form (pages 4 and 6).

- ACR Members: physicians and scientists dedicated to treatment or research.
- ARHP Members: allied health professionals dedicated to treatment or research, or staff members in a rheumatology practice.

ACR/ARHP Categories:

ACR:

- *Fellow of the ACR* – Board certified or board-eligible rheumatologist, pediatric rheumatologist who live in the US, Canada and Mexico.
- *Clinical Members* - Board certified in a related, non-rheumatologic field, i.e.; immunologists, orthopedic surgeons, etc.
- *Research Members* - Scientists dedicated to research, primarily PhDs.
- *Trainee Members* - MDs currently in rheumatology fellowship training programs.
- *International Members*- Physicians (outside US, Canada and Mexico) who have board certification in their own countries equivalent to U.S. board certification in rheumatology or pediatric rheumatology.
- *Fellow International Members* - Clinical and Research members living outside the U.S.
- *International Trainee* – Doctors who are in rheumatology fellowship training programs and whose permanent addresses are outside the U.S.
- *Master Members*- Members who are of high professional competence, ethics, and moral standing who have significantly furthered the art and science of rheumatology.
- *Emeritus Members*- Members who have retired from active practice.

ARHP:

- *Health Professional Members*- Degreed professionals in fields including, but not limited to, physical therapy, social work, psychology, occupational therapy, pharmacy and nursing.
- *International Rheumatology Health Professional Members*- Degreed professionals (residing outside of the United States, Canada, or Mexico) in fields including, but not limited to, physical therapy, social work, psychology, occupational therapy, pharmacy and nursing.
- *Emeritus Members*- A member who has retired from active practice.
- *Associate Rheumatology Health Professional Member*- Technicians, assistants and office staff, and non-degreed clinical research coordinators.
- *Student Members*- Members in health professional programs that including nursing, physical therapy, occupational therapy, social work, psychology, laboratory sciences, physician assistant, health education and epidemiology.

Areas or regions:

The ACR provides the option of ordering only portions of the total membership. For example, the ACR can provide only U.S. members or international members. The ACR also can provide specific cities, states or countries. The ACR can also limit the number of labels to any specific number. For instance, if you only need 3,000 labels, we can print exactly 3,000. We do not have a list minimum.

Sort order:

Labels will be sorted either by country/zip code or alphabetical.

**(If the sort order is not specified, labels will be printed in zip-code order on pressure-sensitive labels and will include all members in all regions and countries.)**

Approval process:

**The text of all mailers is subject to approval by either an ACR department head, or by an ACR committee. You will be notified if the text of the mailer has not been approved. If you are ordering more than one set of labels, you must a sample mailer for each set, if the mailer is different for each set of labels. The ACR/ARHP reserves the right to deny use of our membership list(s) at any time.**

Label requests are considered active on the date all of the above information has been received, not by the date of the initial inquiry. Processing of the labels takes approximately seven (7) working days from the date of receipt. Rush orders will be shipped within two-four (2-4) working days.

Pricing-Invoicing:

Labels are \$.25 per address. There is a \$100.00 surcharge for rush orders. You will be invoiced after the lists has been created, either electronic or in print. The labels will be shipped via FedEx or UPS at a cost of \$25. To reduce shipping time, the labels can be shipped overnight; however you will be invoiced for the service. If you would like to use your FedEx or UPS account, please provide the account number and you will not be invoiced for shipping costs. **The invoice will be sent under separate cover and is payable upon receipt.**

Counts:

Our estimated membership counts per category are as follows (please find the Division and Group descriptions above):

**Note: The following counts are ESTIMATES and are not to be used to calculate final payment. The total membership of the ACR is approximately 8,500. ACR members may opt out of receiving mailed solicitations. The totals below indicate the members who agree to participate in the label rental program. You will be invoiced under separate cover for the number of labels shipped to you.**

<b>Membership by Division</b>	<b>Totals</b>
<b>US and International</b>	<b>5289</b>
<b>ACR Division</b>	<b>4639</b>
<b>ARHP Division</b>	<b>650</b>
<b>US Membership</b>	<b>4104</b>
<b>ACR Division</b>	<b>3543</b>
<b>ARHP Division</b>	<b>561</b>
<b>Int'l Membership</b>	<b>1185</b>
<b>ACR Division</b>	<b>1096</b>
<b>ARHP Division</b>	<b>89</b>

<b>US ACR Groups</b>	<b>Totals</b>	<b>ARHP Groups</b>	<b>Totals</b>
<b>Fellow</b>	<b>2308</b>	<b>Hlth. Professional</b>	<b>501</b>
<b>Clinical</b>	<b>127</b>	<b>Associate</b>	<b>40</b>
<b>Research</b>	<b>181</b>	<b>Emeritus</b>	<b>4</b>
<b>Fellows-in-Training</b>	<b>703</b>	<b>Student</b>	<b>16</b>
<b>Master</b>	<b>89</b>	<b>Int'l HP</b>	<b>83</b>
<b>Emeritus</b>	<b>85</b>		
<b>Resident/Student</b>	<b>40</b>		

<b>Int'l ACR Groups</b>	<b>Totals</b>
<b>International Fellow</b>	<b>464</b>
<b>International Member</b>	<b>424</b>
<b>Int'l Fellows-in-Training</b>	<b>140</b>
<b>Emeritus International</b>	<b>37</b>

The totals above are current as of 1/9/12.

**If you have any questions concerning these mailing label request procedures, please contact Janell Martin, Membership Coordinator, at 404-633-3777 ext. 816.**

**LICENSEE AND CONFIDENTIALITY AGREEMENT**

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2012, by and between the American College of Rheumatology, an Illinois not for profit corporation having its principal place of business at 2200 Lake Boulevard, Atlanta, Georgia 30319 ("ACR"), and

a \_\_\_\_\_ corporation having its principal place of business at \_\_\_\_\_ ("Licensee").

WHEREAS, ACR is the owner of a confidential and proprietary mailing list of ACR members and other persons;

WHEREAS, Licensee wishes to enter into this License and Confidentiality Agreement to obtain access to and to use the ACR mailing list and Licensee agrees to accept the disclosure of such confidential information from ACR on a confidential basis and under the confines and strictures of this Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, the parties agree as follows:

**1. CONFIDENTIALITY OBLIGATIONS.**

a. The term "Confidential Information" shall mean the ACR's mailing list and any other related information; and all other confidential information which is identified by writing or orally to Licensee as "Confidential" or "Proprietary."

b. Licensee agrees not to use the Confidential Information for any purpose other than as contemplated under this Agreement without the express written consent of ACR. The Confidential Information shall not be disclosed, provided, or otherwise made available, in whole or in part, to any other person without express written authorization from ACR.

**2. GRANT OF LICENSE**

a. ACR grants Licensee a limited non-exclusive license to use the Confidential Information solely for the purposes of

\_\_\_\_\_  
\_\_\_\_\_

b. Licensee may not make copies of the Confidential Information except for use in connection with the license granted herein. Any such copies made shall be treated in accordance with the terms of this Agreement.



Each application must include a sample of the proposed mailing piece including the envelope (pre-printed only). Please complete a separate form for each mailing piece. All information must be completed or this application will be returned. Applications will not be processed until all information is provided. All mailing lists are provided for one-time use only.

**Contact/Billing Information (please print clearly)**

COMPANY NAME:		MAILING ADDRESS:	
CITY:	STATE/ PROVINCE:	COUNTRY:	ZIP CODE/ POSTAL CODE:
CELL/ PHONE:	FAX:	E-MAIL:	
<input type="checkbox"/> Send list to mail house or printer	COMPANY NAME:		
SHIPPING ADDRESS:			
CITY:	STATE/ PROVINCE:	COUNTRY:	ZIP CODE/ POSTAL CODE:
PHONE:	FAX:	E-MAIL:	

If a third party or market research company is completing this application, please indicate the organization you represent: \_\_\_\_\_

**List Specifications (see Mailing List Request Instructions)**

No credits will be issued for orders incorrectly placed. If the following information is not provided, the labels will be printed in zip code order on Cheshire paper and will include all members in all regions and countries.

**Categories or Areas: (\*pre-payment required)**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> ACR/ARHP Membership List     | <input type="checkbox"/> ACR Members only (U.S.)  | <input type="checkbox"/> ACR Fellow Members   | <input type="checkbox"/> ACR Emeritus Members   |
| <input type="checkbox"/> Advanced Registration List * | <input type="checkbox"/> ARHP Members only (U.S.) | <input type="checkbox"/> ACR Clinical Members | <input type="checkbox"/> ACR Masters  |
| <input type="checkbox"/> Final Registration List *    | <input type="checkbox"/> ACR International        | <input type="checkbox"/> ACR Research Members | <input type="checkbox"/> Only the following states (list by postal abbreviation): _____ |
|   | <input type="checkbox"/> ARHP International       | <input type="checkbox"/> ACR Trainee Members  |   |

Special instructions or request criteria, e.g., all PhDs or all members with specialty codes containing "pediatrics": \_\_\_\_\_

Sort order (check one):  COUNTRY/ZIP CODE  ALPHABETICAL

Please send (check one):  CHESHIRE  PRESSURE SENSITIVE  ELECTRONIC (Sent to a legally bonded mail house or printer ONLY)

Number of lists required: \_\_\_\_\_ (if multiple lists with different criteria required, please complete separate application)

**Payment**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> ACR/ARHP Membership Labels<br><i>(\$.25 per label will be invoiced separately, counts change daily)</i>  | <input type="checkbox"/> Advance Registration List<br>(\$1,000) | <input type="checkbox"/> Final Registration List<br>(\$1,000) | <input type="checkbox"/> Rush Order<br>(\$100) |
| <input type="checkbox"/> Shipping/Handling (\$25) or <input type="checkbox"/> Charge FedEx # _____ for: <input type="checkbox"/> 2-day <input type="checkbox"/> delivery overnight delivery |   |   |  |

CHARGE THE FOLLOWING CARD: \$ \_\_\_\_\_

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>
			CREDIT CARD NUMBER	EXPIRATION DATE

CARDHOLDER SIGNATURE \_\_\_\_\_

CARDHOLDER NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

**3. REMEDIES**

Licensee acknowledges that it will be impossible to measure in money the damage to ACR if there is a failure to comply with any of the restrictions or obligations herein imposed, and further agrees that ACR will not have an adequate remedy at law and ACR will suffer irreparable harm by such a failure. It is therefore agreed that ACR, in addition to any other rights or remedies which it has, shall be entitled to immediate injunctive relief to enforce any such restrictions, obligations or provisions of this Confidentiality Agreement and that in the event any action or proceeding is brought in equity to enforce the same, Licensee will not urge, as a defense, that there is an adequate remedy at law.

4. MISCELLANEOUS

a. This Agreement and the rights and obligations of the parties hereto shall be governed under the laws of the State of Illinois.

b. Any waiver by ACR of any breach of any kind or character whatsoever by Licensee, whether such waiver be direct or implied, shall not be construed as a continuing waiver of or consent to any subsequent breach of this Agreement on the part of ACR.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement effective on the day and year first above written.

\_\_\_\_\_

American College of Rheumatology

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: Janell Martin

Title: \_\_\_\_\_

Title: Membership Coordinator

***PLEASE NOTE***

***The Type of Corporation:***

***Tax-exempt (non-profit)***

***Federal Tax Id \_\_\_\_\_***

***Profitable Organization***