

MAILING LIST RENTAL ORDER & AGREEMENT

1. Parties. This agreement represents the list rental terms and conditions between _____ (Renter) and the Society for Social Work Leadership in Health Care (SSWLHC) for the purpose of renting the membership list of approximately 1,200 names.

2. List Use. Each rental is for one-time, one-mailing use of Renter's materials, and shall not be used for any other purpose. Renter shall not mail any material to any names on the list unless given approval by the SSWLHC. The list is not to be used for telephone solicitation.

3. List Protection. The list is the exclusive property of the SSWLHC. The renter will not disclose the source of the list or the content of the list to any third party. The list has been seeded with names of individuals to protect the SSWLHC and ensure compliance with the terms listed in this agreement. *This list is not to be used for phone, fax or e-mail solicitation.*

The renter will be required to submit a copy of the material for which the list will be used. The SSWLHC reserves the right to deny rental requests that are in conflict with the interests of the SSWLHC. *The renter agrees the list may not be used to promote conferences, seminars or other continuing education programs dealing with social work issues.*

4. Rental Fees. The fee for the one-time use of the mailing list is **\$550.00**. Renter agrees to pay the full amount of the rental fee before the list is provided for use.

5. Acceptance: The undersigned understands and accepts the terms of this agreement.

Signature: _____ Date: _____

This agreement will be governed by the laws of the state of Pennsylvania and shall not be modified except in writing approved and signed by each party. This Agreement shall survive the use of the list.

6. Format. The list is available in the following formats. Check one only:

e-mail - ASCII text, tab or comma delimited disk - ASCII text, tab or comma delimited (\$25.00 fee)

7. Renter Information.

Organization: _____ Phone: _____

Contact: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

8. Payment Information.

Please note all purchases made via check will require a \$5 processing fee. Checks will not be processed without a processing fee included.

Check Enclosed

Amount (including \$5 processing fee) _____

Make payable to SSWLHC

Tax ID Number 23-3100897

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