



## WOCN Mailing List Rental Order Form

The **Wound, Ostomy and Continence Nurses Society (WOCN)** consists of over 4,300 members nationwide. WOCN members are health care professionals who specialize in the prevention and treatment of stomas, ulcers, wounds and incontinence. Our members practice in a variety of settings, including private practice, acute and extended care, home health care, outpatient facilities and industry.

A membership mailing list is available for rental to organizations and individuals interested in communicating with our membership.

- WOCN corporate members receive a special discount on mailing list rentals
- Mailing lists may not be duplicated or sold
- Lists are available electronically via e-mail (Excel).
- Lists are to be used **one time only**.

**To rent a WOCN membership mailing list, follow these 3 steps:**

1. Complete the Mailing List Rental Order Form, indicating your list criteria.
2. Attach a copy of your proposed educational mail piece, and complete the Mailing List Rental Agreement.
3. Send all materials along with your payment to the WOCN National Office\*.

**All orders must be paid in advance and accompanied by a sample of your mailing.** Once full payment is received, your order will be sent. All mailing list requests are subject to approval by WOCN.

Mail To: **WOCN National Office**, 15000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054

Or fax to: 856-439-0525

**\*Allow 10 business days to process mailing list orders.**

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**Please fill out completely.**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (if outside of U.S.): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

If you're an agency or broker, please list the name of your client:

\_\_\_\_\_

Ship list to (if different from "ordered by"):

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Order Information:**

- I.  Full WOCN Membership List (approximately 4,300 entries)  
\$400.00 WOCN Members/\$500.00 WOCN Non-members

or

- Partial WOCN Membership List (choose 2 regions maximum)  
\$350.00 WOCN Members/\$375.00 WOCN Non-members

- |  |   |
|--|---|
| <input type="checkbox"/> New England Region (CT, ME, MA, NH, RI, VT) | <input type="checkbox"/> Midwest Affiliates (IL, IA, KS, MO, NE)    |
| <input type="checkbox"/> Northeast Region (NJ, NY, PA)               | <input type="checkbox"/> South Central Region (AR, LA, MS, OK, TX)  |
| <input type="checkbox"/> Mid-Atlantic Region (DE, MD, VA, DC)        | <input type="checkbox"/> Northwest Region (AK, ID, MT, OR, WA)      |
| <input type="checkbox"/> Mideast Region (IN, KY, MI, OH, WV)         | <input type="checkbox"/> Rocky Mountain Region (AZ, CO, NM, UT, WY) |
| <input type="checkbox"/> Southeast Region (AL, FL, GA, NC, SC, TN)   | <input type="checkbox"/> Pacific Coast Region (CA, NV, HI)          |
| <input type="checkbox"/> North Central Region (MN, ND, SD, WI)       | <input type="checkbox"/> International Members                      |

- II. List sorted by:  Alphabetical by Last Name  Zip Codes  States
- III. Format desired:  Electronic via e-mail (Excel)

**Method of Payment:**

**Check:** Make checks payable to **WOCN** in US dollars and mail with your order form.

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Credit Card:**  Visa /MasterCard  American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature (required): \_\_\_\_\_

1. The WOCN membership list can be utilized on a one-time only basis for educational mailings.

2. The mailing list renter agrees that it will not distribute, disclose, duplicate, reproduce or retain any portion of the list in any form, including entering the data into an electronic database. Further the list shall not be used for telephone solicitation of any kind, solicitation of funds or data collection.

3. The mailing list renter shall hold the WOCN harmless and indemnify the WOCN against any claim, damage, expense, liability or obligation incurred by reason of the renter's use of the list, including without limitation— reimbursement of the WOCN for attorney's fees and all costs the WOCN may incur in enjoining unauthorized parties from using the membership list in all cases where such unauthorized parties gained access to the list through the renter listed above or any of the renter's agents or employees.

4. The mailing list renter agrees that the WOCN will have the right to monitor use of the mailing list. The mailing list renter further agrees that it shall not use the list in any way that does not comply with any and all applicable laws or regulations, or that violates any right of any third party.

5. The WOCN must approve all mail pieces prior to mailing. If the mailing list renter uses the list for distribution of materials in addition to or different from the mail piece approved by the WOCN, the mailing list renter will be liable for liquidated damages in the amount of \$3,500, which the mailing list renter agrees is reasonable.

6. The WOCN retains absolute right to deny rental of the list, with or without cause.

7. The WOCN may not be cited on any portion of the renter's mail piece.

8. The list contains unique and proprietary information and is the sole and exclusive property of the WOCN. The WOCN reserve all rights to the list and nothing in this agreement transfers or assigns any propriety right in the list from the WOCN to the mailing list renter.

Signature:  
\_\_\_\_\_

Name (print):  
\_\_\_\_\_

Date:  
\_\_\_\_\_