



# Connecticut State Dental Association

## CSDA Mailing List Order Form

**PLEASE COMPLETE AND RETURN THIS FORM ALONG WITH THE SAMPLE MAILING, SIGNED LICENSE AGREEMENT FORM (ON REVERSE SIDE) AND PAYMENT TO:**

Connecticut State Dental Association  
835 West Queen St.  
Southington, CT 06489  
**Telephone: (860) 378-1800 Fax: (860) 378-1807**

**\*Note: A sample of the proposed mailing must be submitted along with this order form.**

The CSDA rents its membership list for one-time use to members and commercial and not-for-profit organizations. **THE CSDA ONLY PROVIDES MAILING ADDRESS AND DOES NOT LEASE MEMBER EMAIL ADDRESSES.**

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

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

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

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

### Mailing List Licensing Fee (check one)

\_\_\_ Affiliate Non-Profit Organization: \$50.00 (Mailings from non-profit organizations such as schools and local, regional, or state dental societies)

\_\_\_ Commercial: \$250.00 (Mailings promoting a for-profit product or service)

### How the List Will Be Sent to You (check one)

\_\_\_ Email you the list of physical addresses in a Microsoft Excel file format

\_\_\_ Print the list and mail it to you on pressure sensitive 3-up/label format (add \$25 for labels up to 1,000; add \$50 for more than 1,000 labels)

### Sort Order (check one)

\_\_\_ Zip Code \_\_\_ Alphabetical

### Preferred Service (check one)

Pending CSDA approval, orders will be processed within 10 business days of receipt. For an additional 10% rush charge, orders can be processed in 3 business days once all materials and fees are received.

\_\_\_ 10 business days (no extra charge)

\_\_\_ Rush (3 business days); add 10% to cost of mailing list

\_\_\_ First Class Mail

\_\_\_ Fed Ex Overnight Fed Ex Account # \_\_\_\_\_

**Payment Information (check one)**

\_\_\_Check inclosed\_\_\_ Visa\_\_\_ MasterCard

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

This agreement is made by and between the Connecticut State Dental Association (CSDA) and (Licensee) for the licensing by the CSDA to License of the right to a one-time use of the CSDA’s mailing list subject to the following conditions:

1. **All persons submitting this form are required to submit a sample of the proposed mailing to the CSDA for approval.**
2. The mailing list must not be used to distribute any mailing other than the one approved by the CSDA. A mailing that deviates in any way from the approved sample will be considered in violation of this agreement. Licensee must obtain CSDA approval in writing for any changes made after a sample is approved.
3. The CSDA has the right to deny approval of a mailing using its mailing list for any reason.
4. The mailing list is to be used by the licensee only. Neither mailing labels nor electronic files may be duplicated, transferred, or sold to a third party.
5. Licensee may use the CSDA mailing list for one mailing only.
6. Licensee shall not distribute any materials that include the CSDA’s name or logo or that state or imply CSDA endorsement of Licensee or its products or services.
7. Payment must be received with Licensee’s order prior to processing.

Violation of any of these conditions constitutes a breach of this agreement. For a violation of Condition 2, Licensee shall pay the CSDA ten (10) times the agreed-upon licensing fee. For a violation of Condition 4, Licensee shall pay the CSDA \$1,000 for each duplication or use of mailing labels or electronic files by a third party. For a violation of Condition 5, Licensee shall pay the CSDA \$2,500 for each use beyond the first. For a violation of Condition 6, Licensee shall pay the CSDA \$100,000 for each use of its name or logo or stated or implied endorsement by the CSDA. Further, Licensee shall promptly notify each recipient that the CSDA does not endorse any products or services, including those of the Licensee. For any violation, Licensee may be disqualified from licensing the CSDA mailing list in the future.

If mailing list is required in an electronic format (disk or email), mailing house or printer must complete the following part of this agreement:

The required disk/electronic file is to be used for the sole purpose of a single mailing as authorized by the CT State Dental Association (CSDA) and must be returned to the CSDA or destroyed immediately after this one-time use. It must not be merged except as necessary to effectuate a single mailing into an existing database. Under no circumstances shall this disk/electronic file be used for any other purpose or at any other time without the express written authorization of the CSDA. Any violation of the foregoing shall entitle the CSDA to any and all legal remedies available to it, both at law and in equity.

Please acknowledge your understanding and agreement with the above by signing below and return a signed copy via fax or mail.

**Agreed and Accepted**

Name of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Company (if any) \_\_\_\_\_

Name of mailing house/printer (if any): \_\_\_\_\_

Telephone: \_\_\_\_\_

Representative of mailing house/printer: \_\_\_\_\_ Date: \_\_\_\_\_