

## American College of Clinical Pharmacy Registrant List Rental Agreement

The undersigned agrees to adhere to the following provisions concerning the use of names and addresses furnished on labels or magnetic media, which the undersigned has ordered and may hereafter order. The undersigned acknowledges that the names and addresses are owned by the American College of Clinical Pharmacy ("ACCP") and that the undersigned has no right, title or interest in the list of names and addresses. The undersigned further agrees that:

1. Names and addresses provided will be for a one-time use only;
2. Names and addresses will be used only for the specific mailing for which they were ordered and for which ACCP approval has been obtained and for no other purpose;
3. Permission to use ACCP Registrant Lists will not be inferred from signing this letter agreement. **Rather, all materials to be used in connection with the list (i.e., printed material, literature, advertising material, etc.) must be submitted by you and approved by ACCP prior to the release of any lists or media;**
4. Names and addresses will not be copied, nor will we permit, intentionally or unintentionally, the copying of the list for use as a mailing list or otherwise;
5. Names will be used within a reasonable time after receipt in order to retain the advantages of list accuracy. Further, the undersigned understands and agrees that there is no warranty of accuracy with regard to the Registrant List, and in no event shall ACCP be liable for any consequential or incidental damages arising from or relating to the use of the Registrant List;
6. ACCP Registrant Lists will not be made available for membership solicitations of any sort;
7. ACCP approval of any use of its lists will be conditioned on a finding that such use will not limit effectiveness of ACCP programs and is not inconsistent with any policy of ACCP, as established by its Board of Regents; and
8. ACCP Registrant Lists will not be made available for:
  - a. Use in connection with the dissemination of distasteful or offensive materials;
  - b. Use in connection with publicity or advertising which might imply, through copy or layout, ACCP endorsement of any organization or its products;
  - c. Any communication which would tend to mislead, misinform, deceive or promote an unlawful purpose;
  - d. Any fund-raising purposes by an organization or society; or
  - e. Any broadcast fax or e-mail communication.

This agreement shall be binding upon the undersigned, its principals and its agencies, agents, licensees, subcontractors, affiliates, associates and assignees. This agreement is expressly for the benefit of ACCP.

The undersigned understands and agrees to hold ACCP harmless from any and all claims, actions, disputes, or lawsuits brought against ACCP for damages, costs, and/or attorneys fees resulting from the undersigned's breach of this agreement or from the undersigned's negligence in the use of the Registrant List. Further, the undersigned understands and agrees that, in the event of such claims, actions, disputes or lawsuits, ACCP shall be entitled to any remedy, at law or equity.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please circle which list you are requesting.

Premeeting Registrant List

Postmeeting Registrant List

\*The cost of each list is \$1,000.00. The Premeeting Registrant List will be made available after the ACCP Annual Meeting early registration deadline. The Postmeeting Registrant List will be made available beginning November 7, 2012. Please send full payment with this signed agreement.

Method of Payment

Total \$ \_\_\_\_\_

Check or money order payable in U.S. funds to: **American College of Clinical Pharmacy**

Credit Card     MasterCard         Visa         Discover         American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3- or 4-digit code): \_\_\_\_\_

Name as printed on the card: \_\_\_\_\_

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

How to Order

Please mail this completed agreement with check or money order to:

American College of Clinical Pharmacy  
Attn.: Gretchen L. Miles, CMP  
13000 W. 87<sup>th</sup> St. Parkway, Suite 100  
Lenexa, Kansas 66215-4530

If you have any questions, please contact Gretchen Miles at (913) 492-3311 or [gmiles@accp.com](mailto:gmiles@accp.com).