



Mailing Label Agreement

The Arizona Dental Association (AzDA) agrees to furnish to the undersigned, labels containing the names and addresses of its members. The undersigned acknowledges AzDA's valuable proprietary interest in its membership list and in consideration of AzDA furnishing such labels agrees as follows:

1. The undersigned and its employees will not duplicated or allow to be duplicated in any manner AzDA's membership list or any part thereof without the written permission of the AzDA;
2. The undersigned will not use the labels furnished by the AzDA for any purpose other than outlined in the letter of request, which shall become a part of this agreement;
3. The undersigned will take all reasonable precautions to protect the security of the labels furnished by the AzDA so as to prevent any unauthorized use of the AzDA membership labels;
4. The undersigned agrees that the proprietary lost to the AzDA from any violation of the terms of this agreement would be substantial, but difficult for the AzDA to discover of all other damages except fraud and prove as such damages would be continuing. Therefore, the undersigned agrees to pay AzDA \$5,000 for any violation of this agreement as liquidated damages in lieu of all other damages except fraud.

Name of Company: _____
Authorized Agent and Title: _____
Contact Phone Number: _____
Email Address: _____
Date: _____

PLEASE NOTE: AzDA's policy does not allow an electronic version of the mailing labels to be purchased. For example: labels in an excel spreadsheet, on a disk or in an e-mail.

Ship mailing labels to the following address:



Letter of Request for Mailing Labels

What is the purpose of your request for the mailing labels?

What demographic area of the Arizona Dental Association are you requesting labels for?

Please check one of the following:

\$500

All of Arizona

\$350

Northern Arizona

Central Arizona (Phoenix Metro)

Southern Arizona

Zip code: _____

Other: _____

Which group of dentists would you like?

All Dentists

Only Active Dentists

Only Retired Dentists

Which specialty would you like?

All Dentists

Endodontists

General Practice

Oral Surgeon

Orthodontist

Pediatric

Periodontist

Prosthodontist

➤ **Please provide a copy of the information you plan on mailing to our members.**

Your request will be reviewed and if approved, you will be contacted and upon payment and receipt of your signed Mailing Label Agreement, the labels will be mailed to you. If you should have any questions please call Membership at (480) 344-5777.