

CONFERENCE MAILING LIST ORDER FORM



Scientific Assembly

SALT LAKE CITY

2025

Mail piece and payment *must* accompany form in order to process your request

Studies have proven that pre-convention mailings greatly increase your presence and booth traffic at a show. To help you achieve this goal, ACEP is offering an electronic registrant mailing list at the cost of \$750 each for pre-show lists and \$850 each for post-show lists. ***Does not include registrant e-mail addresses or phone numbers.***

Average processing time for orders is 3-5 business days. **A sample of your mailer must be included with this order for your request to be processed. If it is not included, this could cause a delay in your request.**

Tip - History has shown that we get the majority of our registrants in the weeks leading up to the conference. In order to get the most names and still have time for your mailings, we recommend you order your list to arrive on **August 8th.*

Send to:

Contact _____ Booth Number _____

Title _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____

Additional Lists

Number of **pre-show** lists ordered at \$750 each _____

Please send the list(s) to the e-mail above on the following date(s): _____

Number of **post-show** lists ordered at \$850 each _____

Please send the list(s) on the e-mail above on the following date(s): _____

Format of List: _____ Zip Order _____ Alpha Order

We understand and agree as a renter of your list that the attendee names and addresses being rented by us are the property of ACEP and are for one-time use only. We guarantee that the list(s) will not be duplicated, sold, or utilized by anyone other than ourselves. We guarantee that the sample submitted with the order is an accurate representation of the mail piece being sent over the rental list. We also agree to mail the list within 30 days from the delivery date unless otherwise approved in writing by ACEP.

Authorized Signature _____ Date _____

Payment information –

Visa ☐ MasterCard ☐ American Express ☐ Zip code for credit card billing address _____

Card # _____ CSV# _____ Exp. date _____

Name as it Appears on Card _____ Signature _____

Please return completed form along with payment and sample mail piece to:
Sydney Truong at struong@acep.org