



Advancing Art Education

List Rental Form

Print and mail completed form to: NAEA List Rental, 1806 Robert Fulton Drive, Suite 300, Reston, VA 20191-4348. Or e-mail it to: listrental@arteducators.org

Make your Selections:

Member Type

- | | |
|---|---|
| <input type="checkbox"/> Active Art Educator | <input type="checkbox"/> First Year Professional |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Associate Non-Art Educator | <input type="checkbox"/> Institutional/School-Based Partner |

Teaching Level

- | | | | |
|---|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle Level | <input type="checkbox"/> Secondary | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Supervisors/Administrators | <input type="checkbox"/> Museum | <input type="checkbox"/> Other | |

Choose your Criteria:

Locations

U.S. Specify state(s): _____ Canadian Foreign

Select Type: Peel-n-Stick (additional \$12 per 1,000 names) OR Digital

I hereby agree to abide by the following terms and conditions of NAEA list rental:

- Sample mailing piece required.
- Signed security agreement required.
- List rentals are subject to approval. NAEA reserves the right to reject rentals for any reason at any time.
- Orders under 1,000 names are \$115 plus a \$5 shipping charge. Over 1,000 names are prorated at \$115 per 1,000.
- List rental is valid for one-time use only.
- Please allow 5-10 working days from receipt of order to receive your list(s).

Pre-payment required. VISA, MasterCard, or American Express accepted.

Card Type: VISA MasterCard American Express

Card #: _____

Exp. Date: ____ / ____

Security Code (VISA/MC-last 3 digits on back of card; AMEX-four digit code on front of card): _____

Further, we acknowledge that all names and addresses on the NAEA lists are the exclusive property of the National Art Education Association and may not be duplicated. Unauthorized use of lists will be subject to duplicate billings and/or damages. Lists are monitored.

Authorized Company Representative (signature): _____

Phone: _____ Date: _____

Please provide the following information:

Shipping address:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail Address: _____

Billing Address: (P.O. #):

P.O. #: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail Address: _____