



REACH NEUROSCIENTISTS from around the world





RENT

THE SOCIETY FOR NEUROSCIENCE

MEMBERSHIP MAILING LIST

Nearly 38,000 active members worldwide

2015 RENTAL RATES

Nonprofit......\$310 per 1,000 names Commercial....\$410 per 1,000 names

Select by member category or geographical region.

Expired member files also available at a reduced cost.

SOCIETY FOR NEUROSCIENCE 2015 MEMBERSHIP LIST RENTAL GUIDELINES



INSTRUCTIONS

After reading the below rental agreement, complete the list rental request and waiver form (required for all orders) and return it along with a sample of your mail piece. If a portion of your mailing has not yet been printed, be sure to include full text for all copies to be included with your mailing. Requests may require pre-payment and are subject to the approval of the SfN Executive Director. If approved, it is agreed upon that this will be a one-time mailing and the list will not be duplicated in any fashion.

RENTAL AGREEMENT

In submission of this form, the undersigned agrees that all lists purchased are for one-time use only, for the approved mail piece listed below, and that the list will not be duplicated in any fashion. If, during the calendar year, the undersigned wishes to send an additional mailing to the originally requested list, the undersigned must submit a sample of the new mail piece along with a new list rental request that will then be eligible for a reuse discount of \$10 per 1,000 names.

LIST FORMAT

Your mailing list will be emailed to you in an Excel file. Members included will correspond to your selections below.

SEND LIST RENTAL REQUEST AND WAIVER FORMS TO:

Society for Neuroscience

Attn: Membership & Marketing Services

1121 14th Street NW

Suite 1010

Washington, DC 20005

Phone: (202) 962-4000 Fax: (202) 962-4941 Email: listrental@sfn.org

PAYMENT INFORMATION

The Society accepts payment by check, money order, or credit card (American Express, MasterCard, Discover, or Visa), in U.S. dollars drawn on a U.S. bank, made payable to the Society for Neuroscience. All new accounts must be pre-paid and purchase orders will not be accepted.

Upon approval of your request, you will receive an invoice including the total name count and amount due. Complete your payment information on the invoice and follow the instructions for remittance.

Once payment is received your list will be emailed to you within three business days.

SOCIETY FOR NEUROSCIENCE

2015 MEMBERSHIP LIST RENTAL REQUEST AND WAIVER FORM

Company or Organization Name:	
Contact Name:	
Address:	
Signature:	Date:
Rate: (check one):	cial — \$410/1,000 names ☐ Nonprofit — \$310/1,000 names
Number of Names: (check one):	☐ All Available ☐ Set Quantity:
Member Type Selects: (check all that apply):	Geographical Selects: (check one):
☐ Regular	☐ U.S. Only
☐ Postdoc	☐ U.S. and Canada Only
☐ Graduate Student	☐ All Countries
☐ Undergraduate Student	☐ Other — Specify countries, states, cities, and/or postal codes:
☐ Emeritus	
☐ Affiliate	